



**Tennessee  
Incarcerated & Recently  
Released Veterans Guidebook  
and Resource**

# Forward

This guidebook is a tool for Veterans incarcerated or newly released and their families who wish access to services to support a new and better way of life. Be aware, laws do vary from state to state; therefore check your state laws and regulations against this guide. Other state guidebooks are available on the web at [www.va.gov/homeless/reentry\\_guides.asp](http://www.va.gov/homeless/reentry_guides.asp).

This resource guidebook was developed using many resources. We would like to acknowledge: 1) the National Coalition for Homeless Veterans which provided basic concepts and core information for this guide through its “Planning for Your Release” guide funded by the U.S. Department of Labor; 2) the Veterans Incarcerated Workgroup of Walla Walla, Washington, for the concept of state-specific information in their original “Guidebook for Incarcerated Veterans” and for allowing the use of its guide as a template for this publication; 3) Vietnam Veterans of America, Inc. for developing the first incarcerated veterans guidebook, which has inspired and informed subsequent efforts; and 4) any public domain and agency resources included in the guidebook.

Agency staff names and addresses, phone numbers and website addresses change. If you attempt to contact one of the resources in this guidebook and it is not current, do your best to obtain the current information through phone information or a web search.

To perpetuate the value of this document, I request that if you discover any incorrect, conflicting, or out-of-date information to please send the discrepancies, and updated information.

Your Healthcare for Reentry Veterans (HCRV) staff are:

<b>*Virginia Spini, LCSW, CCM</b> HCRV – Homeless Clinic – 116 1310 24 <sup>th</sup> Ave, S. Nashville, TN 37212 615-519-5265 FAX: 615-873-6261 <b><u>*YOUR Primary Contact for REENTRY Services</u></b>	<b>Randall “Rand” Rohrer, LCSW</b> VJO/HCRV – Homeless Clinic – 116 1310 24 <sup>th</sup> Avenue S. Nashville, TN 37212 615-796-3607 FAX: 615-873-6261	<b>Amy Montgomery, LCSW</b> VJO/HCRV – Homeless Clinic – 116 1310 24 <sup>th</sup> Avenue S. Nashville, TN 37212 615-519-9203 FAX: 615-873-6261
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*Whenever possible, notations were made on the source material used in this guidebook. Because this is a revised and updated guidebook, if information had no changes and appeared current, the information may have been taken from source material previously reported above. A listing of those resources can also be found on page 45 of this guidebook.*

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# USING THIS GUIDEBOOK

This guide is for you to use to plan for your release and to keep as a reference after your release. It includes addresses, phone numbers, and web sites that you can use to find out about programs and other assistance after your release. You may want to ask a friend or family member to help you find the information you need if you don't have a phone or internet access.

Keep in mind that **this guide does not include all of the services available.**

What is available in one area may be different from what is available in another, so be sure to check with local resources to learn about services in your area.

While you are in prison, find out which unit in your facility can help you plan for your release (often the education or transfer unit). Classes may be offered so you can work on skill development and prepare for life after release. **You don't want to risk homelessness once you are released, so take advantage of the opportunities available to you now.**

Begin thinking about what specifically you will need upon release. Ask yourself these kinds of questions: Will I need housing? I will need to find a job? Will I need medical, substance abuse treatment, or mental health care? Do I need to learn a job skill? Do I have any other legal issues? Do I have unpaid debts? Do I qualify for any public assistance or benefits, such as Supplemental Security Income (SSI)?

Make a list of your needs. Remember that this is just a tool to help you get organized.

**A sample list might look like this: Check all that apply to your situation.**

- ☐ I need a place to live.
- ☐ I need a job.
- ☐ I need clothing to wear to work.
- ☐ I need to find out what benefits I can get as a veteran.
- ☐ I want to get addictions treatment.
- ☐ I owe child support.

Think about your list as you read through this guide. Who do you think can help you with each of your needs? Is there one organization that may be able to work

with you on many different things, or do you need to contact several agencies? Can you do many of these tasks yourself? Keep track of the steps you take, including the dates and names of people you contact for information or assistance. Although this guide provides national and state addresses for many organizations, we recommend you **check your phone book for local, county, and state agencies that know what help is available in your area.**

When writing a letter to request information, **be clear.** Keep your letter short, to the point, and write legibly. Include the following information:

- Your name and contact information.
- A brief statement about your current situation.
- Your specific request.
- What you have done so far (Example: I have written to \_\_\_\_\_ organization and they suggested I contact you).
- And let the organization know of any restrictions for mailings (Example: Mail with staples or paper clips will not be accepted by my prison facility).

When contacting an agency for help by mail, email or phone, **be direct and polite** in order to get results. Ask questions if information is not clear to you. Remember that many organizations are staffed by volunteers who are eager to help, but may not have the answers you are looking for. **If someone cannot help you, ask who can help you. They may not know what restrictions you are under while incarcerated, such as lack of easy access to the phone and no access to the computer or the internet.**

The internet can also be helpful to find information about VA benefits and community resources in your area. This guide includes web addresses, when available. If computer access is not available at your facility, you can visit the public library after release. Computer access may also be provided at WorkSource and WorkSource Affiliate sites, WorkForce Development Council member locations, and Employment Security Department Offices (referred to as Job Service Centers or Unemployment Offices).

# Are You A Veteran?

## **Character of Discharge**

Receiving a discharge that is not HONORABLE, does not prohibit you from receiving Veteran benefits, yet it may limit the type of benefits or extent of benefits you are eligible to receive. Veterans who received a less than Honorable discharge may be able to apply for an upgrade (*covered on page 6 in this guidebook*). Below are excerpts from the 2012 Federal Benefits for Veterans, Dependents and Survivors concerning Veteran eligibility for benefits.

## **General Eligibility**

“Eligibility for most VA benefits is based upon discharge from active military service under other than dishonorable conditions. Active service means full-time service, other than active duty for training, as a member of the Army, Navy, Air Force, Marine Corps, Coast Guard, or as a commissioned officer of the Public Health Service, Environmental Science Services Administration or National Oceanic and Atmospheric Administration, or its predecessor, the Coast and Geodetic Survey. Generally, men and women veterans with similar service may be entitled to the same VA benefits.

Dishonorable and bad conduct discharges issued by general courts-martial may bar VA benefits. Veterans in prison and parolees must contact a VA regional office to determine eligibility. VA benefits will not be provided to any veteran or dependent wanted for an outstanding felony warrant.”

## **VA Health Care Benefits - Basic Eligibility**

“A person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable may qualify for VA health care benefits. Reservists and National Guard members may also qualify for VA health care benefits if they were called to active duty (other than for training only) by a Federal order and completed the full period for which they were called or ordered to active duty.

**Minimum Duty Requirements:** Veterans who enlisted after Sept. 7, 1980, or who entered active duty after Oct. 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty in order to be eligible. This minimum duty requirement may not apply to Veterans discharged for hardship, early out or a disability incurred or aggravated in the line of duty.”

Those who are unsure of their Veteran status should apply and have an eligibility clerk review their status and eligibility for services and benefits. This can be done by making an application for Veteran benefits/services or contacting the regional office at 1-800-827-1000.

## Military Records

Records concerning your service may be very important to have in your possession. At a minimum, all Veterans should have a copy of their separation documents. This usually means a copy of a DD214. There are many copies of the DD214 given to a discharging Veteran, and the one that the VA looks for in most situations while filing for benefits is the 'DD214/Member 4 copy.' This is the copy of the separation paperwork (DD214) that shows the Character of Service, such as if you received an HONORABLE discharge or a lower level of discharge, such as a GENERAL Discharge. It is also known as an **UNDELETED** copy of the DD214. A 'Member 2 copy' also shows the character of discharge. A DD215 is also accepted and is a corrected or amended discharge document and is issued when the original DD214 had incorrect or missing information. Veterans with service during WWII may have a World War II WD form. The most important information on these documents are the Character of Discharge and the dates you served on active duty.

### Requesting Records

A copy of your military records can be requested using either the Standard Form 180 (SF180), or via on-line at [www.archives.gov/veterans/military-service-records/index.html](http://www.archives.gov/veterans/military-service-records/index.html). Only the Veteran can make this request, or NOK if the Veteran is deceased. Records over 62 years old are public records. See *Appendix* for a copy of the SF180 form.

The National Personnel Records Center (NPRC) receives close to 5000 requests for records a day. Nearly half of all the requests are for only a copy of separation documents, which is the required document for Veteran benefits. A small number of requests ask for a copy of a full personnel file.

The National Archives has a standard procedure concerning requests for entire files. NPRC only provides copies of key documents, rather than a copy of every document in a personnel and/or medical file. Personnel documents are not normally needed for benefit requests, therefore, by sending only the key documents, such as only the discharge documents, requests can be responded to between 6 days to a few weeks. Exceptions to this procedure are files more than 62 years old, US Marine Corps files, all certified legal cases, and all requests from



the Department of Veterans Affairs. In these instances, all documents are provided.

The key documents provided from the Personnel File and/or Medical Record, may contain a copy of separation documents and the following information, if it is in the file:

- Military Services Dates
- Character of Service
- Promotions and Reductions
- Duty Stations and Assignments
- Foreign or Sea Service
- Military Schooling and Training
- Awards and Letters of Commendation
- Disciplinary Actions
- Lost Time
- Enlistments Contracts
- Entry and Separation Physical Exams
- Immunizations
- Dental Examinations
- Clinical Summaries/Cover Sheets

If, after receiving an extract of a file, a requester submits a follow-up request for additional information or documents, NPRC will automatically send copies of all the other documents in the file. Follow instructions in any letter they NPRC sends to you to obtain other records.

### **The 1973 Fire at the National Personnel Records Center**

Often a Veteran reports they are unable to verify their service because of the 1973 Fire at the NPRC. Since this fire, there has been a great effort toward the re-building of information from the files that were affected by this tragic loss of information. NPRC has reconstructed information from various other resources to provide basic information lost in this fire, and through that effort, verification of service can still be made for many Veterans' service information, even if the information is not complete.

*\* "Some of the most important records used to supplement damage or lost files included: Veterans Administration (VA) claims files, individual state records, Multiple Name Pay Vouchers (MPV) from the Adjutant General's Office, Selective Service System (SSS) registration records, pay records from the Government Accounting Office (GAO), as well as medical records from military hospitals, entrance and separation x-rays and organizational records."*

Branch	Personnel and Period Affected	Estimated Loss
Army	Personnel discharged November 1, 1912 to January 1, 1960	80%
Air Force	Personnel discharged September 25, 1947 to January 1, 1964 (with names alphabetically after Hubbard, James E.)	75%

\* <http://www.archives.gov/st-louis/military-personnel/fire-1973.html>

### **Less Than Honorable Discharges and Eligibility**

The type of discharge you received, the length of service, and even when you served can have an impact on your benefits. Regardless if your character of discharge was not HONORABLE, you can still request benefits and you might be eligible for limited services. Unfortunately, it is difficult to know the extent of the benefits available until a claim for services is requested.

You can request to have your character of discharge reviewed for an increase. If a General Discharge is upgraded to an HONORABLE discharge, it would subsequently increase your available services or benefits that you are eligible to receive. You only have 15 years from the date of your separation to request an upgrade in your discharge character. After 15 years, you can only request a 'Correction of the Records.'

Like many applications for benefits and services, a Veterans Service Organization (VSO) may help with completing needed paperwork and it is **STRONGLY** recommended you seek help before pursuing these actions. These requests must be filed on specific Department of Defense forms and they are not provided for you in this booklet.

A Correction of Military Records is completed after 15 years from you discharge and is much more difficult to obtain. Please consult a VSO for more information on this process before attempting to complete the paperwork yourself. You only receive ONE review on this process, therefore, it should be completed correctly and with all needed information to support your request.

*\*This is a military review and is not completed by the U.S. Department of Veteran Affairs. The VA does not complete this review and sending your request to the Department of Veteran Affairs, will only delay your review. The address where these are processed are on the instruction pages of the needed forms.*

## **Incarcerated Veterans**

Veterans incarcerated and incarcerated dependents may apply for the same compensation, dependency and indemnity compensation (DIC) – service connected death benefits – and pension benefits as Veterans who are not incarcerated. However, Congress restricts the amount of benefits that may be paid to a veteran or dependent while he or she is incarcerated. These benefits are institutionalized as part of law: 38 U.S.C Sec 5313 (a), 38 C.F.R., Sec. 3.665 (a), (d).

“VA benefits are affected if a beneficiary is convicted of a felony and imprisoned for more than 60 days. Disability or death pension paid to an incarcerated beneficiary must be discontinued. Disability compensation paid to an incarcerated Veteran rated 20 percent or more disabled is limited to the 10 percent rate. For a Veteran whose disability rating is 10 percent, the payment is reduced to half of the rate payable to a Veteran evaluated as 10 percent disabled.

Any amounts not paid may be apportioned to eligible dependents. Payments are not reduced for participants in work-release programs, residing in halfway houses or under community control.

Failure to notify VA of a Veteran's incarceration can result in overpayment of benefits and the subsequent loss of all VA financial benefits until the overpayment is recovered. VA benefits will not be provided to any Veteran or dependent wanted for an outstanding felony warrant.”

*\* Taken from the Federal Benefits for Veterans and Dependents, 2012 edition, Special Groups of Veterans, Chapter 9.*

*For example:* Joe is a Veteran who receives a VA pension. He commits a crime, is convicted, and is incarcerated, but doesn't tell the VA right away and keeps getting paid for 6 months. After serving his sentence of 18 months, he is released and applies to the VA to have his pension restarted. He will have an overpayment which must be recovered from the restarted benefits. Until the overpayment is recovered, Joe will have to go without that income.

Your award for compensation or pension benefits should resume from the date you are released, as long as the VA receives notice of release within one year. Form

21-4193, Notice to Department of Veterans Affairs of Veteran or Beneficiary Incarcerated in Penal Institution, should be completed before release, signed by a prison official and submitted to VA Benefits Administration. A copy of this form is provided in the appendix.

To avoid overpayment of benefits and preserve your benefits in full for when you release from incarceration, it is VERY important you notify the VA. If you do not have Form 21-4193, then you should mail a letter to the VA Regional Office (VARO) in your State of Residence. See page 11 for a listing of some of the VARO offices in the Southeast.

### **Apportionment**

All or part of the compensation not paid to an incarcerated Veteran may be apportioned to the Veteran's spouse, child or children, and dependent parents on the basis of individual need. In determining individual need, consideration shall be given to such factors as the claimant's income and living expenses, the amount of compensation available to be apportioned, the needs and living expenses of other claimants as well as any special needs, if any, of all claimants.

Additional Information:

- VA will inform a Veteran whose benefits are subject to reduction of the right of the Veteran's dependents to an apportionment while the Veteran is incarcerated, and the conditions under which payments to the Veteran may be resumed upon release from incarceration.
- VA will also notify the dependents of their right to an apportionment if the VA is aware of their existence and can obtain their addresses.
- No apportionment may be made to or on behalf of any person who is incarcerated in a Federal, State, or local penal institution for conviction of a felony.
- An apportionment of an incarcerated Veteran's VA benefits is not granted automatically to the Veteran's dependents. The dependent(s) must file a claim for an apportionment.

(<http://www.va.gov/opa/persona/veteran-incarcerated.asp>)

### **Pension**

Veterans in receipt of VA pension will have payments terminated effective the 61st day after imprisonment in a Federal, State, or local penal institution for conviction of a felony or misdemeanor. Payments may be resumed upon release from prison if the Veteran meets VA eligibility requirements. Failure to notify VA of a Veteran's

incarceration could result in the loss of all financial benefits until the overpayment is recovered. (<http://www.va.gov/opa/persona/veteran-incarcerated.asp>)

### **Healthcare**

Incarcerated Veterans do not forfeit their eligibility for medical care; however, current regulations restrict VA from providing hospital and outpatient care to an incarcerated Veteran who is an inmate in an institution of another government agency when that agency has a duty to give the care or services.

VA may provide care once the veteran has been unconditionally released from the penal institution. Veterans interested in applying for enrollment into the VA health care system should contact the nearest VA health care facility upon their release. (Incarcerated Veteran Fact Sheet)

### **GI Bill/Education Benefits**

Beneficiaries incarcerated for other than a felony can receive full monthly benefits, if otherwise entitled. Convicted felons residing in halfway houses (also known as "residential re-entry centers"), or participating in work-release programs also can receive full monthly benefits.

Claimants incarcerated for a felony conviction can be paid only the costs of tuition, fees, and necessary books, equipment, and supplies. VA cannot make payments for tuition, fees, books, equipment, or supplies if another Federal State or local program pays these costs in full.

If another government program pays only a part of the cost of tuition, fees, books, equipment, or supplies, VA can authorize the incarcerated claimant payment for the remaining part of the costs. The Department of Veterans Affairs publishes a booklet called "Federal Benefits for Veterans and Their Dependents" that describes the types of benefits available and lists the addresses and phone numbers for VA facilities nationwide. Write the VA Regional Office (VARO) to request a copy at: 110 Ninth Avenue South, Nashville, TN 37203-3817, Toll-free: 1-800-827-1000.

(<http://www.va.gov/opa/persona/veteran-incarcerated.asp>)

### **Overpayment of Benefits during Incarceration**

There is a 60-day "grace period" following conviction where the veteran, or Dependency or Indemnity Compensation (DIC) recipient, may still receive full benefits. If the Veteran continues to receive benefits after the 60-day period, it will result in an "overpayment". The VA considers it to be the recipient's responsibility

and fault if this occurs because the recipient failed to notify the VA of his or her incarceration. Attempts to obtain a waiver in these situations of overpayment are often unsuccessful. As a rule, the veteran loses most, if not all, financial benefits until the VA recovers the entire overpayment. It has also been a standard procedure that the family will not be entitled to receive an apportionment until the debt is completely recovered.

One other relevant restriction on veteran's incarcerated eligibility for service connected disability compensation is that: "No total disability rating based on unemployability, may be assigned to an incarcerated Veteran." It is important to remember that most VA decisions, including those on apportionment, can be appealed to the Board of Veterans Appeals and, if need be, to the Court of Appeal for Veterans Affairs.

### **FAQ on Overpayments**

[http://www.va.gov/debtman/Frequently\\_Asked\\_Questions.asp#FAQ2](http://www.va.gov/debtman/Frequently_Asked_Questions.asp#FAQ2)

*What steps do I need to take to request a waiver of my debt? Is there a specific form I need to use to do so?* To request a waiver, you need to state, in writing, that you want to request "waiver of collection" (use those exact words) and the reasons you feel you should not be held liable for the debt. You should explain the circumstances leading to the overpayment and the steps you took to prevent the overpayment from occurring. You should also complete and return the Financial Status Report\* that was enclosed with your notification letter.

*Is it possible to make payments on my debt, or set up partial withholding from my benefits in order to repay this debt?* Monthly payments or withholdings from benefits can be accepted if they will clear the debt in a reasonable timeframe. If your proposed repayment plan will take longer than a year to repay your debt, you need to complete and return the Financial Status Report, which was enclosed with your notification letter.

*\*A copy of the Financial Status Report form is located in the appendix.*

**Submit this form along with your proposed repayment plan by mail or fax to:**

U.S. Department of Veterans Affairs  
Debt Management Center  
P.O. Box 11930  
St. Paul, MN 55111  
1-612-970-5688 (fax)

We will notify you if your plan is acceptable, and when the withholding will start, or when you should begin making your payments.

I don't understand how I was overpaid. Can you send me an audit of my account?

You can call our toll-free number 1-800-827-0648, or for international callers, 1-612-713-6415 and explain to the operator that you would like an audit for your overpayment. The audit will also include your repayment options.

### **Filing Veteran Benefits Claims:**

If you would like to get benefits or think you have a pending claim before the VA, it is best to get professional help to assist you.

Many Veterans Service Organizations (VSO) **have trained staff who can help you with your VA claim and can represent your claim before the VA.** You can contact any VSO listed below to see if there is a service representative near you.

### **Veteran Service Organizations\***

- The American Legion 1-800-433-3318
- American Red Cross 1-877-272-7337
- Disabled American Veterans 1-877-426-2838 or (859) 441-7300
- Paralyzed Veterans of America 1-800-424-8200
- Veterans of Foreign Wars 1-800-VFW-1899
- Vietnam Veterans of America 1-800-882-1316

\*This is not a complete listing. Others may be located in the phone book or on the web.

**Although we encourage you to seek the aid of a service representative, you may choose to apply for VA benefits on your own. You can call 1-800-827-1000 for more information or write the VA Regional Office in the state which you reside:**

Alabama	Arkansas	Georgia
VA Regional Office 345 Perry Hill Road Montgomery, AL 36109	VA Regional Office 2200 Fort Roots Dr., Bldg 65 N. Little Rock, AR 72114	VA Regional Office 1700 Clairmont Road Decatur, GA 30033
Mississippi	Tennessee	
VA Regional Office 1600 E. Woodrow Wilson Ave. Jackson, MS 39216	VA Regional Office 110 Ninth Avenue South Nashville, TN 37203-3817	

## **How to File a VA Claim**

If you believe that you have been harmed in any way through your military experience, you have the right to file a claim for treatment and compensation with the Department of Veterans Affairs (VA). You should consider seeking services from a Veterans Service Organization. They are not lawyers and do not charge for their services, yet they can represent you in your claim to the VA. A short list was provided above. You can submit your claim to any VA Regional Office (VARO) on VA Form 21-256. It can also be done by mail, after requesting the appropriate forms from the VA. Assistance of a VSO is encouraged, when possible.

All major Veterans' organizations (American Legion, VFW, AMVETS, DAV, etc...) have service officers authorized by the VA. Many state and county government agencies have VSO's. There is never a charge for the assistance of VSO.

It is the responsibility of claimant to keep their contact information current. It may be a good idea to inform the VA you are incarcerated and request the exam during your incarceration. Compensation and pension exams may require additional planning and coordination for those Veterans incarcerated. Below is a copy of the most current policy information for Examinations for Incarcerated Veterans.

## **Examinations for Incarcerated Veterans**

### **PURPOSE**

This Fact Sheet provides guidance regarding examinations for incarcerated Veterans.

### **POLICY**

#### **1. Duty to Assist**

VA's duty to assist incarcerated Veterans includes providing them with VA examinations when warranted. Court decisions reflect VA's duty to assist includes the duty to provide a medical examination to an incarcerated Veteran when one is required. Further, as stated in VHA Handbook 1601E.01, Compensation and Pension (C&P) Examinations, October 13, 2009, Corrected Copy February 25, 2010, at paragraph 5.b.(1) VHA must provide an examination, when necessary, under the duty to assist provisions of 38 U.S.C. Section 5103A and 38 CFR 3.159 equally to incarcerated Veterans as to non-incarcerated Veterans [vaww1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=2094](http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2094).

VA must fully comply with the duty to assist by obtaining relevant medical records from the facility where an incarcerated Veteran is held, and work with state or prison officials both in obtaining such records and in providing medical examinations when warranted. VA, through its General Counsel, has indicated that it is fully aware of this responsibility and will concede that the Board of Veterans Appeals may remand for such an examination where the record does not contain evidence of substantial efforts to conduct such examination, including identifying and requesting the assistance of the appropriate state or prison official.



VA is required to provide medical examinations when warranted under the duty to assist, either by arranging for release of an incarcerated Veteran to attend an examination or by making arrangements with the relevant state or prison official to conduct an examination at the facility where the Veteran is incarcerated. Incarcerated Veterans are owed the same duty to assist as non-incarcerated Veterans and VA should tailor its assistance to the circumstances of the confinement of these Veterans. As long as there is evidence of substantial efforts to conduct the C&P examination, the claim will not be returned as a remand, and VHA has supported the claim to the fullest extent possible. An example of a substantial effort is: the C&P clinic documents that they have made multiple attempts and exhausted all possible avenues for obtaining access to the incarcerated Veteran for the examination.

If you would like to pursue filing a claim yourself, and without the aid of a VSO, below are brief descriptions of some forms needed to file for certain VA benefits. Make photocopies of all forms for your records before sending your packet to the VARO nearest you. These forms are not included in the guidebook, but can be requested with a letter to the VARO closest to you (see page 11), or by downloading them from the web.

- **VA Form 21-526** - Application for Compensation or Pension- must be filed to apply for compensation -or pension. Mail your DD-214 and the following forms to the VARO nearest your release destination.
- **VA Form 21-4138** - Statement in Support of Claim - lets you explain why you deserve the benefits you are asking for because of your disability or disorder. It is best to have an experienced service representative help you complete the form.
- **VA Form 70-3288** - Request for and Consent to Release of Information from Claimant's Records - is used to get records relevant to your claim from VA facilities (regional offices, medical centers, outpatient clinics, and vet centers). Request a fee waiver under section 38 C.F.R. Sec.1.526 (h), which requires the VARO to provide a veteran with one set of his or her records free of charge. If you have never had medical treatment at a Veterans Medical Center, then this form would not be needed. VA facilities are NOT associated with military treatment facilities and the VA hospital would not have your military medical records.

# WOMEN VETERANS

- Most VA **Medical Centers** and readjustment offices have a designated Women Veterans Coordinator to assist women veterans in accessing VA benefit programs and healthcare services. Call 1-877-222-8387.
- Women Veteran Hotline responds to question about women Veterans and their available benefits and services and resources. It is aimed at increasing women Veterans' knowledge of VA services . **1-855 VA WOMAN or 1-855-829-6636.**
- **The Center for Women Veterans**, 810 Vermont Ave., NW, Washington, DC 20420, 1-800-827-1000, <http://www1.va.gov/womenvet/>
- Many women in prison had similar histories, problems, and personal issues before their arrest and conviction. Mentors with **Women in Community Service (WICS)** help women preparing to leave prison and those who are just getting back into society. WICS' prison programs help women think about their behavior, gain job skills, and build self-esteem. Contact the U.S. DOL, Job Corps at 1-800-283-9427 or go to [www.wics.org](http://www.wics.org) to find the nearest WICS program.

## Getting Employment

### Preparing for your Job Search

Regardless of the skill level of the job you seek, a resume is a powerful and useful tool in the search for job. Any resume you can prepare BEFORE you release from incarceration, will enable you to be that much closer to securing employment when you are released.

Even if the job you are applying for does not ask for a resume, the document can still be a good tool to help complete applications. If an employer tells you to "leave your name and number at the front desk," the resume is your 'calling card' and works much better than a scratch sheet of paper or a 'yellow-sticky note' with your name written on it. A basic resume can help you remember:

- Education information
  - Certifications ( Certified Electrician, Certified Diesel Mechanic, etc...)
- Work history (You should cover not less than 5 years of employment history)
- Special skills
  - (driving fork-lifts, typing skills, language skills, computer skills)
- Veteran service dates

Talk to your Reentry Specialist at your correctional facility to see samples of resume styles and options. Also discuss the disclosure of criminal history and how it can be handled, either in a resume or at a job interview. There is no one right answer to this disclosure, so it is best your reentry class discuss this topic and the different ways to approach it.

## **Veteran Employment Preferences**

Some Veterans have Veteran preferences to some jobs and once you release, you will have all your Federal Veteran benefits available again. Many benefits can begin even while you are in a work release program or halfway house, to include your Veteran employment preferences.

By law, veterans who are disabled or who served on active duty in the Armed Forces during certain specified time periods or in military campaigns are entitled to preference over non veterans both in hiring from competitive lists of eligibles and in retention during reductions in force.

The goal of the Veteran's Preference is not to place a veteran in every vacant Federal job. However, preference does provide a uniform method by which special consideration is given to qualified veterans seeking Federal employment.

Preference applies in hiring from civil service examinations, for most excepted service jobs, and when agencies make temporary appointments or use direct hire and delegated examining authorities from the U. S. Office of Personnel Management.

### **General Requirements for Preference**

To be entitled to preference, a veteran must meet the eligibility requirements in section 2108 of title 5, United States Code. This means that:

- An honorable or general discharge is necessary.
- Military retirees at the rank of major, lieutenant commander, or higher are not eligible for preference unless they are disabled veterans.
- Guard and Reserve active duty for training purposes does not qualify for preference.
- When applying for Federal jobs, eligible veterans should claim preference on their application or resume. Applicants claiming 10-point preference must complete form SF-15, Application for 10-Point Veteran Preference.

### **Types of Preference**

#### **5-Point Preference**

Five points are added to the **passing** examination score or rating of a veteran who served:

- During a war; or

- During the period April 28, 1952 through July 1, 1955; **or**
- For more than 180 consecutive days, other than for training, any part of which occurred after January 31, 1955, and before October 15, 1976; **or**
- During the Gulf War from August 2, 1990, through January 2, 1992; **or**
- For more than 180 consecutive days, other than for training, any part of which occurred during the period beginning September 11, 2001, and ending on the date prescribed by Presidential proclamation or by law as the last day of Operation Iraqi Freedom; **or**
- In a campaign or expedition for which a campaign medal has been authorized. Any Armed Forces Expeditionary medal or campaign badge, including El Salvador, Lebanon, Grenada, Panama, Southwest Asia, Somalia, and Haiti, qualifies for preference.

A campaign medal holder or Gulf War veteran who originally enlisted after September 7, 1980, (or began active duty on or after October 14, 1982, and has not previously completed 24 months of continuous active duty) must have served continuously for 24 months or the full period called or ordered to active duty. The 24-month service requirement does not apply to 10-point preference eligibles separated for disability incurred or aggravated in the line of duty, or to veterans separated for hardship or other reasons under 10 U.S.C. 1171 or 1173.

### **10-Point Preference**

Ten points are added to the passing examination score of:

- A veteran who served any time and who (1) has a present service-connected disability or (2) is receiving compensation, disability retirement benefits, or pension from the military or the Department of Veterans Affairs. Individuals who received a Purple Heart qualify as disabled veterans.
- An unmarried spouse of certain deceased veterans, a spouse of a veteran unable to work because of a service-connected disability, and
- A mother of a veteran who died in service or who is permanently and totally disabled.

### **How it Works**

If you meet the criteria for preference and achieve a score of 70 or higher either by a written examination or an evaluation of your experience and education, you will have 5 or 10 points added to your numerical ratings depending on the nature of their preference. For scientific and professional positions in grade GS-9 or higher, names of all eligibles are listed in order of ratings, augmented by veteran preference, if any. For all other positions, the names of 10-point preference eligibles who have a compensable, service-connected disability of 10 percent or more are placed ahead of the names of all other eligibles on a given register. The names of other 10-point preference eligibles, 5-point preference eligibles, and non-veterans are listed in order of their numerical ratings.

Entitlement to veterans' preference does not guarantee a job. There are many ways an agency can fill a vacancy other than by appointment from a list of eligibles.

#### **Filing Applications After Examinations Have Closed**

A 10-point preference eligible may file an application at any time for any positions for which a non-temporary appointment has been made from a competitive list of eligibles within the past 3 years.

In addition, a person who is unable to file for an open competitive examination because of military service may file after the closing date. In either of the above situations, the veteran should contact the agency that announced the position for further information.

In addition certain examinations are open only to preference eligibles as long as such applicants are available. These are custodian, guard, elevator operator and messenger.

#### **Veterans Recruitment Appointment (VRA)**

Under the VRA, a you can be appointed to a white –collar position through GS 11 without having to compete with other applicants.

The VRA is open to you if you are a disabled veteran who served on active duty during a war or major campaign and you have left the service under honorable conditions within three years.

Military.com

<http://www.military.com/benefits/veteran-benefits/veterans-employment-preference-points.html>

### **Other Veteran Employment Resources**

**Local Veterans Employment Representatives (LVER)** and **Disabled Veterans Outreach Program (DVOP)** specialist are assigned by the State Employment Security Department to help veterans find and keep jobs. LVER's are located with the local WorkSource site or affiliate Job Service Centers (JSC). DVOP Specialists work under the supervision of the LVER to develop job and training opportunities for Veterans with service-connected disabilities, linking Veterans with employers and making sure follow-up services are provided. The below list is provided to help you locate the nearest DVOP or LVER representative near you. This list only includes LVERs and DVOPs for Tennessee, Kentucky, Arkansas, Georgia, and Mississippi. It is current as of July 2012. To view the most current list after that date, please visit the website:

<http://dvoplverlocator.nvti.ucdenver.edu/>

## DVER & DVOP Directory for Tennessee

ITT Technical Institute - Chattanooga  
5600 Brainerd Rd Ste G-1  
Chattanooga, TN 37411-5310  
Angela Lawrence  
Veteran Rep  
Angela.Lawrence@tn.gov  
423-510-6800

Middle Tennessee State University  
1313 Old Fort Pkwy  
Murfreesboro, TN 37129-3311  
James Cupp  
Veteran Rep  
james.cupp@tn.gov  
615-848-5120

Tennessee Career Center - Jackson  
362 Carriage House Dr  
Jackson, TN 38305-2222  
Wanda Sims  
Veteran Rep  
wanda.sims@tn.gov  
731-660-8199

ITT Technical Institute - Chattanooga  
5600 Brainerd Rd Ste G-1  
Chattanooga, TN 37411-5310  
Merrill Niswonger  
Veteran Rep  
merrill.niswonger@tn.gov  
423-510-6800

Middle Tennessee State University  
1313 Old Fort Pkwy  
Murfreesboro, TN 37129-3311  
Peter Pritchard  
Veteran Rep  
peter.pritchard@tn.gov  
615-848-5120

Tennessee Career Center - Johnson City  
2515 Wesley St  
Johnson City, TN 37601-1723  
Diana Tarlton  
Veteran Rep  
diana.tarlton@tn.gov  
423-610-0222

ITT Technical Institute - Chattanooga  
5600 Brainerd Rd Ste G-1  
Chattanooga, TN 37411-5310  
Darnell Walker  
Veteran Rep  
Darnell.Walker@tn.gov  
423-510-6800

Tennessee Career Center - Alcoa Veteran Services  
366 Glascock St Ste 120  
Alcoa, TN 37701-2439  
David Pope  
Veteran Rep  
david.pope@tn.gov  
865-379-5525

Tennessee Career Center - Nashville  
665 Mainstream Dr  
Nashville, TN 37243-1003  
Larry Franco  
Veteran Rep  
larry.franco@tn.gov  
615-253-8920

Madison County Rehabilitation Center  
225 Martin Luther King Blvd.  
Jackson, TN 38301  
Denise Carrus  
Veteran Rep  
denise.carrus@tn.gov  
731-423-5620

Tennessee Career Center - Cookeville  
580 S Jefferson Ave  
Cookeville, TN 38501-4672  
Gary Hanna  
Veteran Rep  
gary.hanna@tn.gov  
931-526-9701

Tennessee Career Center - Nashville  
665 Mainstream Dr  
Nashville, TN 37243-1003  
Peter Toth  
Veteran Rep  
peter.toth@tn.gov  
615-253-8920

Madison County Rehabilitation Center  
225 Martin Luther King Blvd.  
Jackson, TN 38301  
James Hubble  
Veteran Rep  
james.hubble@tn.gov  
731-423-5620

Tennessee Career Center - Cookeville  
580 S Jefferson Ave  
Cookeville, TN 38501-4672  
James Simpson  
Veteran Rep  
james.simpson@tn.gov  
931-526-9701

Tennessee Career Center - Walnut Grove  
3040 Walnut Grove Rd  
Memphis, TN 38111-3508  
Darryl Pleasant  
Veteran Rep  
darryl.e.pleasant@tn.gov  
901-543-7850

## DVER & DVOP Directory for Tennessee

Tennessee Career Center at Athens -  
Veteran Services  
410 Congress Pkwy N  
Athens, TN 37303-1614  
Stephanie Gates  
Veteran Rep  
stephanie.gates@tn.gov  
423-745-2028

Tennessee Career Center at Bolivar  
602 Tennessee St Ste A  
Bolivar, TN 38008-2434  
Denise Carrus  
Veteran Rep  
denise.carrus@tn.gov  
731-658-4073

Tennessee Career Center at Bolivar  
602 Tennessee St Ste A  
Bolivar, TN 38008-2434  
Wanda Sims  
Veteran Rep  
wanda.sims@tn.gov  
731-658-4073

Tennessee Career Center at Chattanooga  
1105 E 10th St  
Chattanooga, TN 37403-3005  
Merrill Niswonger  
Veteran Rep  
merrill.niswonger@tn.gov  
423-894-5354

Tennessee Career Center at Columbia -  
Veteran Services  
119 Nashville Hwy Ste 106  
Columbia, TN 38401-2434  
Joyce Dove  
Veteran Rep  
joyce.dove@tn.gov  
931-490-3795

Tennessee Career Center at Covington -  
Veteran Services  
877 - C Highway 51 North  
Covington, TN 38019  
Terry Poston  
Veteran Rep  
terry.poston@state.tn.us  
901-475-2529

Tennessee Career Center at Crossville -  
Veteran Services  
60 Ridley St  
Crossville, TN 38555-6075  
Walter Wyatt  
Veteran Rep  
walter.wyatt@tn.gov  
931-484-4056

Tennessee Career Center at Dickson -  
Veteran Services  
250 Beasley Dr  
Dickson, TN 37055-2812  
Darla Richardson  
Veteran Rep  
darla.richardson@tn.gov  
615-253-8920

Tennessee Career Center at Dickson -  
Veteran Services  
250 Beasley Dr  
Dickson, TN 37055-2812  
Peter Toth  
Veteran Rep  
peter.toth@tn.gov  
615-253-8920

Tennessee Career Center at Dyersburg  
439 Mcgaughey St  
Dyersburg, TN 38024-3840  
Terry Poston  
Veteran Rep  
terry.poston@tn.gov  
731-286-8300

Tennessee Career Center at Erin  
155 W Front St  
Erin, TN 37061  
Jeff Dent  
Veteran Rep  
jeff.dent@tn.gov  
931-289-4127

Tennessee Career Center at Gallatin -  
Veteran Services  
175 College St  
Gallatin, TN 37066-2901  
Mark May  
Veteran Rep  
mark.may@tn.gov  
615-451-5800

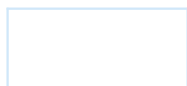
Tennessee Career Center at Hickory Hill -  
Veteran Services  
4240 Hickory Hill Rd  
Memphis, TN 38141-6814  
Chuck Thompson  
Veteran Rep  
chuck.thompson@tn.gov  
901-365-3205

Tennessee Career Center at Hickory Hill -  
Veteran Services  
4240 Hickory Hill Rd  
Memphis, TN 38141-6814  
Angela Whitfield  
Veteran Rep  
angela.whitfield@tn.gov  
901-365-3205

Tennessee Career Center at Humboldt -  
Veteran Services  
1481 W Mullins St  
Humboldt, TN 38343-1729  
James Hubble  
Veteran Rep  
james.hubble@tn.gov  
731-784-3552

## DVER & DVOP Directory for Tennessee

Tennessee Career Center at Humboldt - Veteran Services 1481 W Mullins St Humboldt, TN 38343-1729 Terry Poston Veteran Rep terry.poston@tn.gov 731-784-3552	Tennessee Career Center at Ripley 301 Lake Dr Ste C Ripley, TN 38063-3509 Terry Poston Veteran Rep terry.poston@tn.gov 731-221-1012	Tennessee Career Center at Tullahoma - Coffee County 111 E Lincoln St Tullahoma, TN 37388-3631 Mitchell Norton Veteran Rep mitchell.norton@tn.gov 931-454-1905
Tennessee Career Center at Huntingdon 19870 Main St E Huntingdon, TN 38344-3927 Leigh Beecham Veteran Rep leigh.a.beecham@tn.gov 731-986-8217	Tennessee Career Center at Somerville 121 W Court Sq Somerville, TN 38068-1439 Wayne Mcmichael Veteran Rep wayne.mcmichael@tn.gov 901-465-7656	Tennessee Career Center at Vonore 59b Excellence Way Vonore, TN 37885-2123 David Pope Veteran Rep david.pope@tn.gov 423-884-2400
Tennessee Career Center at Kingsport 1140 E Center St Kingsport, TN 37660-4963 Katina Buono Veteran Rep katina.buono@tn.gov 423-224-1813	Tennessee Career Center at Springfield 299 10th Ave E Springfield, TN 37172-2911 Victor Leon Veteran Rep victor.leon@tn.gov 615-384-1097	Tennessee Career Center of Lawrence County 702 Mahr Ave Lawrenceburg, TN 38464-2621 Jimmy Tidwell Veteran Rep jimmy.tidwell@tn.gov 931-766-1405
Tennessee Career Center at Kingsport 1140 E Center St Kingsport, TN 37660-4963 Victor Quillen Veteran Rep Victor.Quillen@tn.gov 423-224-1813	Tennessee Career Center at Talbott - Veteran Services 6057 W Andrew Johnson Hwy Talbott, TN 37877-8676 Timothy Fort Veteran Rep Timothy.Fort@tn.gov 423-317-1083	Tennessee Career Center of Wilson County in Lebanon - Veteran Services 155 Legends Dr Lebanon, TN 37087-5308 Peter Pritchard Veteran Rep peter.pritchard@tn.gov 615-898-8081
Tennessee Career Center at McMinnville 310 N Chancery St McMinnville, TN 37110-2048 Mitchell Norton Veteran Rep mitchell.norton@tn.gov 931-507-7778	Tennessee Career Center at Talbott - Veteran Services 6057 W Andrew Johnson Hwy Talbott, TN 37877-8676 James Stokely Veteran Rep james.stokely@tn.gov 423-317-1083	Tennessee Career Center Shelbyville - Veteran Services 301 N Main St Shelbyville, TN 37160-3233 James Cupp Veteran Rep james.cupp@tn.gov 931-685-5000





DVER & DVOP Directory for Tennessee

Tennessee Career Center Veteran Services - Newport 440 Eastern Plaza Way Newport, TN 37743 James Stokely Veteran Rep james.stokely@tn.gov 423-623-1108	Tennessee County Veterans Service Officers Association 1000 N Central St Ste 6 Knoxville, TN 37917-6458 Richard Julian Veteran Rep richard.julian@knoxcounty.org 865-215-5645	Tn Dept of Labor & Workforce Development 523 Madison St Ste B Clarksville, TN 37040-3619 Victor Leon Veteran Rep victor.leon@tn.gov 931-905-3575
Tennessee Career Center-Carthage 120 Pauline Gore Way Carthage, TN 37030-3045 Shawanda Sadler Veteran Rep ssadler@uchra.com 615-735-0476	Tn Dept of Labor & Workforce Development 523 Madison St Ste B Clarksville, TN 37040-3619 Michael Elliott Veteran Rep michael.elliott@tn.gov 931-905-3575	

- \* Through its **Veterans Industries and Compensated Work Therapy Programs**, the VA offers structured work opportunities and supervised therapeutic housing for at-risk and homeless veterans with physical, mental health and addictions problems. VA contracts with private industry and the public sector for work for Veterans, who learn job skills, practice successful work habits, and regain a sense of self-esteem. Veterans are paid for their work and given assistance with employment in the community.
  
- \* Most states have a **Vocational Rehabilitation** program that helps people with disabilities find and keep jobs. If you are disabled, apply for these services immediately after your release. Look in the phone book blue pages under "Department of Social and Health Services (DSHS)," then "Vocational Rehabilitation," or search the internet for "Vocational Rehabilitation" in your state.

## **Other Employment Resources**

**National H.I.R.E. Network:** Established by the Legal Action Center, the National Helping Individuals with criminal records Re-enter through Employment Network is both a national clearinghouse for information and an advocate for policy change. The goal of the **National H.I.R.E. Network** is to increase the number and quality of job opportunities available to people with criminal records by changing public policies, employment practices and public opinion. The National H.I.R.E. Network also provides training and technical assistance to agencies working to improve the employment prospects for people with criminal records. [www.hirenetwork.org](http://www.hirenetwork.org)

### **Tennessee Department of Labor and Workforce Development**

Andrew Johnson Tower, 8<sup>th</sup> Floor  
710 James Robertson Pkwy.  
Nashville, TN 37243  
(615) 741-6642 or Fax: (615) 741-5078

**Federal Bonding Program:** Provides fidelity bonding insurance coverage to individuals with criminal histories and other high-risk job applicants who are qualified, but fail to get jobs because regular commercial bonding is denied due to their backgrounds.

**Contact:** Bonding Services Coordinator  
Job Service program \* Technical Support Section  
Tennessee Department of Employment Security  
500 James Robertson Pkwy.  
Nashville, TN 37245 (615) 741-3780 or Fax: (615) 741-6392

**Tax Credits:** WOTC provides employers with a tax incentive to hire certain high-underemployed populations. If you are hired by an employer and meet the criteria, your employer may be eligible for an incentive and can contact the WOTC Coordinator to see if a WOTC is available.

### **The Work Opportunity Tax Credit (WOTC)**

**Contact:** WOTC Coordinator  
Tennessee Department of Labor & Workforce Development  
500 James Robertson Pkwy.  
Davy Crockett Tower, 11<sup>th</sup> Floor  
Nashville, TN 37245 (615) 741-6473 or Fax: (615) 532-1612

### **Unemployment Insurance Office**

**Contact:** Division of Employment Security  
Tennessee Department of Labor and Workforce Development  
500 James Robertson Pkwy.  
Davy Crockett Tower, 12<sup>th</sup> Floor  
Nashville, TN 37245 (615) 253-4809 or Fax: (615) 253-5091

Web Site: [www.state.tn.us/labor-wfd/cc/cccounty.htm](http://www.state.tn.us/labor-wfd/cc/cccounty.htm)

**Criminal Record Repository:** This is the agency individuals may contact to obtain a copy of their state rap sheet and learn about the process of sealing, expunging or cleaning it up. Tennessee is considered a "**closed record**" state.

**Contact:** Tennessee Bureau of Investigation

901 R.S. Gass Blvd.

Nashville, TN 37216 (615) 744-4000

Web Site: [www.tbi.state.tn.us/divisions](http://www.tbi.state.tn.us/divisions)

## Housing

The goal of the HCRV Specialist is to provide you resources and support, yet we are unable to impact the decision of the parole and probation boards with any guaranteed housing acceptance. Once you release from custody, you may apply for any and all applicable housing programs the VA has, but it is not usually an option for direct placement from incarceration.

Once released, the VA does have the following supportive housing programs in our Homeless Clinics that may be of use to you as you re-acclimate to the community:

### **Grant Per Diem (GPD)**

The mission of GPD is to establish transitional housing and supportive services to homeless Veterans. Residential stability is a goal of this program and the programs are 'recovery' based, yet you can apply even if you do not have a substance abuse problem.

- **How to Apply for GPD:** *You must complete an eligibility screening and this can be accomplished at a VA Hospital Homeless Clinic office or at a VA Community Based Outpatient Clinic, if there is an assigned Homeless Clinic staff member.*

### **Housing and Urban Development - VA Supportive Housing (HUD/VASH)**

HUD/VASH is not an emergency based housing program and it can take 1-6 weeks from initial contact until the Veteran is able to move into a rental property. The public housing authority issues vouchers for Veterans to obtain their own apartment. The program does have requirements and eligibility for each participant and not all of those requirements can be listed in this guidebook. The Veteran's rent payments are adjusted to meet their ability to make payments. Information on eligibility is listed below:

- Must meet the McKinney-Vento Act definition of homelessness
- Meet income requirements (must have an income)
- Veteran, nor any family members that reside with them may be on lifetime Sex Offender Registry
- Vouchers must be available
- Must agree to case management services
- **How to apply for a HUD/VASH Voucher:** *The Veteran should apply at the VA Hospital nearest them with the Homeless Clinic. If you are closest to a VA Community Clinic, you may apply with them, but only if there is a homeless clinic HUD/VASH social worker available at that location.*

### **Other Homeless and Housing Resources**

It is important to know that you have a place to go when released. The first step in returning to the community is finding a place to stay. This section includes ways to locate emergency shelter, transitional programs, and permanent housing assistance. Transitional or temporary housing can serve as a step toward full independence upon your release. However, there are often waiting lists for housing assistance programs, so you should ask about applying as soon as possible. If you are released and find yourself homeless, emergency assistance is available state-wide.

### **Emergency Housing – State of Tennessee**

<http://www.hud.gov/local/tn/homeless/shelters.cfm>

Location	Organization	Phone	Description
Tennessee	Tennessee Homeless Shelters		
Tennessee	Salvation Army	Knoxville: (865) 525-9401 Memphis: (901) 543-8586 Nashville: (615) 242-0411 Johnson City: (423) 926-8901	Shelter for men/women/victims of domestic violence/Program for pregnant teens; merchandise, stores, transitional housing, etc.
Tennessee	Lighthouse Mission Ministries	(901) 382-8106	Placement assistance at one of our Tennessee affiliates.
Tennessee	Tennessee Coalition Against Domestic and Sexual Violence	(800) 356-6767 or (800) 799-7233	Listings for services including emergency shelter, transportation, food, clothing and related services.
Tennessee	Upper East Tennessee Women's Shelters		
Bristol	Bristol Shelters		

Chattanooga	Chattanooga Homeless Directory		
Chattanooga	The Next Door Chattanooga P.O. Box 526 Chattanooga, TN 37401	(423) 933-0112	The Residential Transition Program includes transitional housing, addiction recovery support services, individual and group counseling, workforce development support, and case management.
Clarksville	Old Firehouse Day Shelter & Room in the Inn (November 1 to April 1) 1498 Golf Club Lane Clarksville, TN 37040 Email	(931) 542-0381	Men and Women - Intake-individual needs assessment-dayshelter from 8:00 a.m. to 4:00 p.m., Monday through Friday. Room In the Inn provides evening and nightly shelter and provided by local churches.
Clarksville	Safe Harbor of Clarksville 108 Kraft St. Clarksville, TN 37040	(931) 503-2000	Faith-based on-site recovery and support services. Transitional Housing, employment assistance and programs for those suffering from addictions. (Men Only)
Clarksville	Urban Ministries, Safe House for Women Grace Assistance Program 217 S. Third St. Clarksville, TN 37041	(931) 552-6900 (24 hr number)	Homeless shelter and referrals in Clarksville
Columbia	Contact South Central Human Resource Agency-Community Action Agency for referral		Human services to 13 Middle Tennessee counties such as Head Start, food and shelter, heating assistance, meals, etc. Our Service Centers:
Cookeville	Cookeville Rescue Mission 1331 S. Jefferson St. Cookeville, TN 38503	(931) 528-5819	Families, men and women
Cookeville	Genesis House P.O. Box 1180 Cookeville, TN 38503	(800) 707-5197	Rape and Sexual assault Response Center
Cookeville	Upper Cumberland Dismas House Email	(931) 520-8448	Housing transition for ex-offenders
Gallatin	Good Neighbor Mission and Crises Center (Sumner County) 1188 Long Hollow Pk Gallatin, TN 37066	(615) 452-7337	Emergency housing for families with children
Gallatin	Kids Savers of America, Inc. 128 S. Water Ave. Gallatin, TN 37066 Email	(615) 452-0051	Food, clothing, and permanent shelter
Goodlettsville	Goodlettsville Help Center 108 Depot St. #400 Goodlettsville, TN 37072 (help in 37072 zip code only)	(615) 859-4706	General provisions, call for information

Henderson	Contact Southwest Human Resource Agency for referral	(800) 372-6013 or (731) 427-2147	Serving 15 W. TN Counties - Social services, homeless, housing, nutrition, elderly care, jobs, etc. All our West Tennessee Offices
Huntsville	Scott County Homeless Shelter 1513 Jeffers Rd. Huntsville, TN 37756	(423) 663-3333	General provisions, call for information.
Jackson	Aspell Recovery Center 110 McCowat St. Jackson, TN 38301	(731) 427-7238	Chemical dependency program for men serving 20 counties with supportive and transitional housing - Contact us via e-mail.
Jackson	Global Mission Ministries 162 Airways Blvd. Jackson, TN 38301	(731) 424-3244	Daytime training discipleship program - 12 step/etc; shelter with meals, grooming facilities, commitment
Jackson	Jackson Area Council on Alcoholism	Main Phone # (731) 423-3653 Fax: (731) 422-2820  Homeless Housing for Men and Women Phone: (731) 427-2775	Services to reclaim the potential of persons who have become addicted (dependent upon) alcohol and other mind altering drugs. Provides a 33 bed men's transitional living facility Provides a 10 bed women's transitional facility Provides housing for 8 homeless women provides housing for 12 homeless men
Johnson City	Johnson City Interfaith Hospitality Network 210 West Fairview St. Johnson City, TN 37604	(423) 929-9967	A network of churches and community agencies to promote a community response for homeless families with children.
Johnson City	Safe Passage, Inc. Post Office Box 162 Johnson City, TN 37605	24 hr hotline: (423) 926-7233 Office: (423) 232-8920	A Domestic Violence Shelter For Women & Children
Johnson City	Emergency Shelters in Upper East TN		
Johnson City	Frontier Health Corporate 1167 Spratlin Park Drive P.O. Box 9054 Johnson City, TN 37615 Email	(423) 467-3600	Services: <ul style="list-style-type: none"> <li>▸ Behavioral Health / Mental Health Services</li> <li>▸ Substance Abuse Services</li> <li>▸ Intellectual and Developmental Disabilities</li> <li>▸ Vocational Rehabilitation Services</li> <li>▸ Specialty Services</li> <li>▸ Most Intensive Services</li> <li>▸ Residential Services</li> <li>▸ Crisis Services</li> <li>▸ Service Guide</li> </ul>

Knoxville	Knox Area Rescue Ministries 418 North Broadway Knoxville, TN 37917	(865) 673-6540	Shelter for homeless men, women & children
Knoxville	Serenity Shelter	24 hr. Crises Line: (865) 971-4673	Crisis intervention center for women/lodging/meals/clothing
Knoxville	The Next Door Knoxville P.O. Box 282 Knoxville, TN 37901	(865) 934-2890	Assistance for women leaving incarceration in Knoxville and contiguous counties - transitional housing, recovery support services, counseling, workforce development
Knoxville	Knoxville Homeless Shelters		
Knoxville	Volunteer Ministry Center 511 N. Broadway Knoxville, TN 37917	(865) 524-3926	Dayroom with breakfast & lunch & 18 single rooms for males.
Knoxville	Community Action Committee	(865) 546-3500 x142 Homeward Bound	Referral to shelters & homeless services in the Knoxville Area.
Lebanon	The Brooks House - <i>A Home for the Hopeful</i> Community Homeless Outreach & Support, Inc. 219 Virginia Avenue Lebanon, TN 37087 Email	(615) 444-8882	Women and women with children. Services include overnight shelter, education, healthcare, social services and human resources.
Lenoir City	Iva's Place Comprehensive Services for Women P.O. Box 71 Lenoir City, TN 37774 Nancy Grimes Program Director	(865) 986-3199 Fax: (865) 988-1844	
Memphis	Agency for Youth and Family Development 5050 Poplar Avenue, Suite 1510 Memphis, TN 38157	(901) 682-6775	Emergency Housing - Youth (14-17)
Memphis	Alpha Omega Veterans Services 1183 Madison Ave. Memphis, TN 38104	(901) 726-5066	Emergency Housing - Men and Women Veterans
Memphis	Homeless Services Catholic Charities of West Tennessee 1325 Jefferson Ave. Memphis, TN 38104	(901) 722-4700	Dually-Diagnosed - men and women: Genesis House, Dozier House, Sophia's House
Memphis	Family Link/Youth Villages 1582 Poplar Avenue Memphis, TN 38104	(901) 251-5000	Counseling Youth 13-18 - Group Homes/Transitional Housing. Other locations across Tennessee.



Memphis	Memphis Interfaith Hospitality Network 200 E. Parkway North Memphis, TN 38112	(901) 452-6446	Emergency Housing - Families
Memphis	Memphis Union Mission 383 Poplar Avenue Memphis, TN 38103 Email	(901) 526-8434	Emergency Housing - Adult Men & Intact Families
Memphis	Missionaries of Charity 700 N. Seventh St. Memphis, TN 38107	(901) 526-5456	Housing Emergencies for women and women w/children (boys under 5)
Memphis	The Peabody House 1076 Peabody Memphis, TN 38104	(901) 527-3863	Emergency Housing & Treatment - HIV/AIDS Adults
Memphis	Safe Harbor of Memphis 3630 Jackson Ave Memphis, TN 38108	(901) 382-0966	Faith-based on-site recovery and support services. Transitional Housing, employment assistance and programs for those suffering from addictions. (Men Only)
Memphis	Safe Harbor of Memphis - Fresh Start 3647 Orchi Rd Memphis, TN 38108	(901) 937-8077	Faith-based on-site recovery and support services. Transitional Housing, employment assistance and programs for those suffering from addictions. (Women Only)
Memphis	Shelby County Victims Assistance Center 600 Adams Avenue Memphis, TN 38105 Email	(901) 545-4357	Assistance/Referrals - Victims of Violent Crimes
Murfreesboro	Murfreesboro and Middle Tennessee Homeless Shelters		
Murfreesboro	Room at the Inn 640 West Main Street Murfreesboro, TN 37129	(615) 896-7016	Mainstay services – call for complete information
Murfreesboro	The Journey Home 308 W. Castle St. Murfreesboro, TN 37129 Email	(615) 809-2644	Referrals for sheltering, meals, jobs assistance, clothing, transportation, computer lab - supportive housing for homeless, including families with children
Murfreesboro	The Salvation Army 1137 W. Main Street Murfreesboro, TN 37129 Mail Address P.O. Box 791, 37133-0791	(615) 895-7071	
Nashville	Room in the Inn's Campus for Human Development 705 Drexel St. Nashville, TN 37202 Email	(615) 251-7019	Diversified services network and broad range of support for the homeless or those in transition
Nashville	Catholic Charities Catholic Charities of	(615) 352-3087	Refugees and immigrants

	Tennessee, Inc. 30 White Bridge Road Nashville, TN 37205		
Nashville	Dismas Houses (Cookeville, Nashville and Memphis) 1513 16th Avenue South Nashville, Tennessee 37212 Email	(615) 297-4511	Men/women leaving incarceration
Nashville	Layman Lessons Christian Church and Ministries 229 Largo Drive Nashville, TN 37211 Email	(615) 719-9478	Christian Church and Ministry providing transitional housing, mobile food and clothing distribution center, feeding programs, addiction recovery, vocational rehabilitation
Nashville	Magdalene & Thistle Farms 5122 Charlotte Pike Nashville, TN 37235 Email	(615) 298-1140	Women, temporary housing, recovery & addiction programs, business operation
Nashville	Matthew 25, Inc. Vine Hill Tower 625 Benton Ave. P. O. Box 120 Nashville, TN 37204	(615) 383-9577	Homeless veterans
Nashville	Metro Nashville Social Services Department 800 2nd Avenue North Nashville, TN 37201 Email Where to get help in Nashville	(615) 862-6458 (until 4:30 p.m.)	Adult homemaker programs, transportation, senior nutrition, homeless services, etc.
Nashville	Nashville Rescue Mission 639 Lafayette St. Nashville, TN 37203 Email	(615) 255-2475	Shelter and services for men
Nashville	Nashville Rescue Mission Hope Center/Family Life Center 1716 Rosa L. Parks Blvd Nashville, TN 37208 Email	(615) 255-2475	Shelter and services for women
Nashville	Safe Harbor of Nashville 525 40th Ave N Nashville, TN 37209	(615) 327-8106	Faith-based on-site recovery and support services. Transitional Housing, employment assistance and programs for those suffering from addictions. (Men Only)
Nashville	The Next Door 128 8th Avenue South Nashville, TN 37202	(615) 251-8805	Programs, employment, and housing for women in crises. The Freedom Recovery Center provides permanent housing for women and their children with on-site access to recovery support services, specifically those addressing addiction and mental health issues.

Nashville	Oasis Center 1704 Charlotte Ave, Suite 200 Nashville, TN 37203	(615) 327-4455 24-hour teen crises line: (866) 975- 3733	Help for runaway teens and Nashville youth
Nashville	Operation Stand Down 1125 12th Avenue South Nashville TN 37203-4709 Email	(615) 248-1981	Full Veterans Service Center: Veterans and their families – homeless, transitional and permanent housing, etc.
Nashville	Park Center Contact us	Safe Havens Shelter-homeless and supportive housing info: (615) 228-1164	Affordable and safe residential housing for people with mental illness, women with children, homeless
Nashville	Project Return 1200 Division Street, Suite 200 Nashville, Tennessee 37203- 4000 Email	(615) 327-9654	Assistance and support to anyone with juvenile or criminal record; aid in transition from incarceration to the community
Nashville	Renewal House P.O. Box 280356 Nashville, TN 37228 Contact us	(615) 255-5222	A continuum of services for women affected by substance use and co-occurring mental disorders including licensed women's-only addiction pre-treatment and treatment; residential wrap-around services for mothers and their children; substance abuse prevention and early intervention for children; and affordable housing
Nashville	Safe Haven Family Shelter 1234 3rd Avenue, South Nashville, TN 37210 Email	(615) 256-8195	Nashville shelter that serves homeless families as a whole unit
Nashville	Sisters of Mercy-House of Mercy, Inc. 4903-A Tennessee Avenue Nashville, TN 37209 Email	(615) 385-7686	Transitional housing for women and their children; rehabilitation and recovery programs to self-sufficiency
Nashville	Urban Housing Solutions 411 Murfreesboro Road Nashville, TN 37210 Email	(615) 726-2696	Rentals for low-to-moderate income individuals/families, homeless, mentally ill, physically disabled, people in recovery - permanent and transitional housing
Nashville	Monroe Harding, Inc 1120 Glendale Ln. Nashville, TN 37204	(615) 298-5573	Continuum of services promoting positive growth for children, youth, and young families-Group Living Services, Youth Independent Living Services, Social Development & Enrichment Services, and Family Preservation & Stabilization Services. See website for listing of services for youth – Youth Connections, including education, housing, foster care, adoption services, and more.

Nashville	Ronald McDonald House Charities of Nashville, Tennessee, Inc. 2144 Fairfax Avenue Nashville, Tennessee 37212	(615) 343-4000	Temporary housing for families of ill children receiving medical care at Nashville hospitals.
Nashville	Welcome Home Ministries P.O. Box 100183 Nashville, TN 37224 E-mail	(615) 309-7087	Addiction recovery programs including 12-step, meals, transitional and permanent supportive housing, jobs assistance; see website for all programs.
Newport	SafeSpace, Inc.	(800) 244-5968	Shelter to battered women & children in Cocke, Jefferson, & Sevier Counties.
Pulaski	New Canaan Ranch Ministry (Pvt. Address) use Nash info.	(931) 363-8705	Men in recovery
Savannah	Rhema Ministries 250 Guinn Street Savannah, TN 38372	(731) 925-8314	Hardin County Emerg. Shelter for Men
Somerville	Fayette Cares 13300 N. Main Street Somerville, TN 38068 Email	(901) 465-3802	Emergency shelter for families in need – transitional housing
Springfield	Greater Faith Community Action Corporation P.O. Box 215 1001 Goldcrest Dr. Springfield, TN 37172 Email	(615) 944-7041	Shelters, transitional housing, soup kitchen; supportive programs for substance abusers, indigent and homeless
Tullahoma	Shepherd's House Bedford, Coffee, Franklin, Moore, Warren Counties 712 First Avenue Tullahoma, TN 37388	(931) 393-4818	Temporary shelter, food and clothing, families, men and women

Content current as of 1 April 2013

### **Emergency and Transitional Housing**

To find out if there are homeless Veteran service providers in your area, call 1-877-424-3838, or write to: **NCHV, 333½ Pennsylvania Ave. SE Washington, DC 20003-1148**, or go to [www.nchv.org](http://www.nchv.org).

Look in the phone book **yellow pages** under "Social Service Organizations" for local shelters or organizations that may be able to help.

Look in the phone book **blue pages** under local, city, or county government Department of Social Services or "Human Services" or call the County Commissioner's Office for information about local low-income housing coalitions or homeless advocacy groups who may know what is available.

## **Long-term or Permanent Housing**

Public housing waiting lists can be long, but the length of time can vary from place to place. Even if you are not sure where you want to live yet, apply to get on the waiting list so that you have as many options as possible. To learn how to apply, contact the Local Housing Authority listed in the phone book blue pages under "Local Government, Public Housing Authority."

## **Medical, Dental, Mental Health, and Substance Abuse Treatment Services**

### **Medical Care**

**Veterans:** We encourage you to enroll in the VA Health Care System as soon as you are released or enroll before your release by talking to the Healthcare for Reentry Veterans Specialist (HCRV) that visits your prison. Call 1-877-222-8387 or go to [www.va.gov](http://www.va.gov) to find the medical center nearest you. A listing of all Tennessee Veterans healthcare facilities are located in the appendix of this Guidebook.

***Special Health Information for Veterans:*** If you think you may be at risk for AIDS and HIV infection after your release, contact the nearest VA Medical Center to get tested, and seek counseling. Veterans, homeless, and incarcerated people are at high risk for **Hepatitis C** (HCV), a serious disease that can cause cirrhosis (scarring of the liver) and liver cancer. If you think you are at risk after your release, contact the nearest VA Medical Center to get tested and seek HCV counseling.

**Non-Veterans:** If ineligible for Veterans' benefits, free or low-cost health care may be available from the following sources:

- **Department of Social and Health Services (DSHS)** can tell you where to find health care facilities for the homeless. Check the phone book blue pages under local, city, or county government for the number.
- **National Health Care for the Homeless Council** has a list of health care providers working with homeless people across the nation. For a list of providers in your state, go to [www.nhchc.org](http://www.nhchc.org).
- **Free clinics** are run by many local organizations and communities. Look in the phone book blue pages under "Public Health" to contact local government office for clinics in your area.

## **Mental Health Services**

**Veterans:** Contact the local **VA Medical Center** or **Vet Center closest to you** or Call 1-877-222-8387 or go to [www.med.va.gov](http://www.med.va.gov), to find the medical center nearest you. A list of Tennessee VA locations is provided in the appendix of this booklet.

**Emotional Crisis Hotline - 24/7:** **1-800-273-8255** If you are in emotional crisis and need to talk to someone, call this number. **If you are having an emergency, and need immediate medical or mental health attention, call 911.**

**Vet Centers:** \*The goal of the Vet Center program is to provide a broad range of counseling, outreach, and referral services to eligible Veterans in order to help them make a satisfying post-war readjustment to civilian life. The family members of all Combat Veterans are eligible for Vet Center services as well. Vet Centers can also furnish bereavement counseling services to surviving parents, spouses, children and siblings of service members who die of any cause while on active duty, to include federally activated Reserve and National Guard personnel.

\*(excerpts copied from: [http://www.vetcenter.va.gov/About\\_US.asp](http://www.vetcenter.va.gov/About_US.asp)) A listing of Tennessee Vet Center locations and numbers are located in the appendix of this guidebook.

**Non-Veterans:** If not eligible for veterans' benefits, the following sources may be able to tell you where you can go to get help:

- **National Alliance for the Mentally Ill** lists community mental health services providers at: [www.nami.org](http://www.nami.org), or call 1-800-467-3589.
- **National Mental Health Association** offers support groups, rehabilitation, socialization, and housing services through approximately 340 community organizations located across the country. Call 1-800-969-NMHA, or find a local office online at [www.nmha.org](http://www.nmha.org).

## **Substance Abuse Treatment**

**Veterans:** Contact the addictions Treatment Center at the local **VA Medical Center**. Call 1-877-222-8387 or go to [www.med.va.gov](http://www.med.va.gov), to find the medical center nearest you.

**Non-Veterans:** If not eligible for Veterans' benefits, the following sources may be able to tell you where you can go to get help:

- **The Department of Health and Human Services Drug and Alcohol Treatment Referral Routing Service** can refer you to local programs. Call 1-800-662-4357.
- **Focus On Recovery Helpline** – A 24 hour national alcohol and drug abuse addiction and treatment hotline: 1-800-888-9383.

## **Dental Care**

**Veterans:** Dental benefits are provided by the Department of Veterans Affairs (VA) according to law. In some instances, VA is authorized to provide extensive dental care, while in other cases treatment may be limited.

The eligibility for outpatient dental care is not the same as for most other VA medical benefits.

<b>If you:</b>	<b>You are eligible for:</b>
Have a service-connected compensable dental disability or condition.	Any needed dental care
Are a former prisoner of war.	Any needed dental care.
Have service-connected disabilities rated 100% disabling, or are unemployable and paid at the 100% rate due to service-connected conditions.	Any needed dental care. [Please note: Veterans paid at the 100% rate based on a temporary rating, such as extended hospitalization for a service-connected disability, convalescence or pre-stabilization are not eligible for comprehensive outpatient dental services based on this temporary rating].
Apply for dental care within 180 days of discharge or release (under conditions other than dishonorable) from a period of active duty of 90 days or more during the Persian Gulf War era.	One-time dental care if your DD214 certificate of discharge does not indicate that a complete dental examination and all appropriate dental treatment had been rendered prior to discharge.*
Have a service-connected noncompensable dental condition or disability resulting from combat wounds or service trauma.	Needed care for the service-connected condition(s). A Dental Trauma Rating (VA Form 10-564-D) or VA Regional Office Rating Decision letter (VA Form 10-7131) identifies the tooth/teeth eligible for care.
Have a dental condition clinically determined by VA to be associated with and aggravating a service-connected medical condition.	Dental care to treat the oral conditions that are determined by a VA dental professional to have a direct and material detrimental effect to your service connected medical condition.
Are actively engaged in a 38 USC Chapter 31 vocational rehabilitation program.	Dental care to the extent necessary as determined by a VA dental professional to: <ul style="list-style-type: none"> <li>• Make possible your entrance into a rehabilitation program</li> <li>• Achieve the goals of your vocational rehabilitation program</li> <li>• Prevent interruption of your rehabilitation program</li> </ul>

	<ul style="list-style-type: none"> <li>• Hasten the return to a rehabilitation program if you are in interrupted or leave status</li> <li>• Hasten the return to a rehabilitation program of a Veteran placed in discontinued status because of illness, injury or a dental condition, or</li> <li>• Secure and adjust to employment during the period of employment assistance, or enable you to achieve maximum independence in daily living.</li> </ul>
Are receiving VA care or are scheduled for inpatient care and require dental care for a condition complicating a medical condition currently under treatment.	Dental care to treat the oral conditions that are determined by a VA dental professional to complicate your medical condition currently under treatment.
Are an enrolled Veteran who may be homeless and receiving care under VHA Directive 2007-039.	A one-time course of dental care that is determined medically necessary to relieve pain, assist you to gain employment, or treat moderate, severe, or complicated and severe gingival and periodontal conditions.

IB 10-442, April 2013: ([http://www.va.gov/healthbenefits/resources/publications/IB-10-442\\_Dental\\_Benefits\\_for\\_Veterans\\_4\\_13.pdf](http://www.va.gov/healthbenefits/resources/publications/IB-10-442_Dental_Benefits_for_Veterans_4_13.pdf))

## **Dental Resources in Tennessee for Non-Veterans and Veterans not eligible for Veteran Dental Services**

### **Affordable Dental Clinic (615) 340-8513**

218 20<sup>th</sup> Avenue North (Adjacent to Baptist Hospital). Reasonable denture prices.

### **Dental Clinic At Woodbine Public Health Center (615) 862-7934**

Off Nolensville Road near Thompson Lane. Appointment required.

### **Downtown Clinic For The Homeless (615) 862-7900**

526 8<sup>TH</sup> Ave. South. Must be homeless. No Fees. Monday – Friday.

### **Good Samaritan Mission (Clarksville, TN) (931) 648-2444**

435 Madison Street. Monday, Tuesday, & Thursday evenings by appointment. No fees.

### **Interfaith Dental Clinic (615) 329-4790**

1721 Patterson Street. Sliding fee scale (based on income)

### **Lentz Public Health Clinic (615) 340-5601**

23<sup>rd</sup> Ave. Sliding fee scale (based on income). Call for information regarding walk-in times.

### **Matthew Walker Clinic (615) 327-9400**

Nashville

### **Maharry College of Dentistry (615) 327-6669**

Full service dental clinic.

### **Tennessee State University (615) 963-5791**



Teeth Cleaning - \$10 (Plan on 4-6 visits. Plan to finish treatment as the student only receives credit when the care is completed).

**Keystone Dental Care (423) 232-7919 or Nunley at (423) 439-4497**

Keystone Community Center, 603 Bert St., Suite 206, Box 12, Johnson City.

## **Tennessee Department of Health – Regional Dental Clinics**

**Mid-Cumberland Region**

710 Hart Lane  
Nashville, TN 37243-0801  
(615) 650-7021

**Upper Cumberland Region**

1100 England Drive  
Cookeville, TN 38501-6076  
(931) 646-7506

**East Tennessee Region**

4310 Papermill Road  
Knoxville, TN 37909  
(865) 909-9404 ext. 113

**South Central Region**

1216 Trotwood Avenue  
Columbia, TN 38401  
(931) 490-8316

**Davidson County**

1015 East Trinity Lane  
Nashville, TN 37216  
(615) 862-6727 or (615) 340-5601 Clinic

**Sullivan County**

154 Blountville Bypass  
Blountville, TN 37617  
(423) 279-2777

**Madison County**

804 N Pkwy  
Jackson, TN 38305-4302  
(731) 423-3020

**Northeast Region**

1233 Southwest Ave.  
Johnson City, TN 37604-6519  
(423) 979-4651

**West Tennessee Region**

295 Summar Street  
Jackson, TN 38301-3905  
(731) 421-6718

**Knox County**

140 Dameron Avenue  
Knoxville, TN 37917  
(865) 215-5163

**Southeast Region**

540 McCallie Ave., Suite 450  
Chattanooga, TN 37402  
(423) 634-3124

**Shelby County**

814 Jefferson Avenue  
Memphis, TN 38105-5099  
(901) 545-8779

**Hamilton County**

921 East Third Street  
Chattanooga, TN 37403  
(423) 209-8100

## **Social Security Benefits**

### **What happens to my benefits when I am in prison?**

<http://www.ssa.gov/pubs/10133.html#a0=5>

If you are receiving Social Security, your benefits will be suspended if you are admitted for more than 30 continuous days to a jail or prison because you were convicted of a criminal offense. Your benefits can be reinstated starting with the month following the month you are released.

Although you cannot receive monthly Social Security benefits while you are confined, benefits to your spouse or children will continue as long as they remain eligible.

If you are receiving SSI, your payments are suspended while you are in prison. Your payments can be reinstated in the month you are released. However, if your confinement lasts for 12 consecutive months or longer, your eligibility for SSI benefits will terminate and you must file a new application for benefits.

Social Security and Supplemental Security Income (SSI) payments generally are not payable for months that you are confined to a jail, prison or certain other public institutions for commission of a crime. You are not automatically eligible for Social Security or SSI payments when you are released.

### **How do I file an application if I am in prison?**

<http://www.ssa.gov/pubs/10133.html#a0=5>

After you know your release date, notify someone at your facility that you want to start your Social Security or SSI benefits. **If your institution has a prerelease agreement with the local Social Security office**, it will notify us if you are likely to meet the requirements for SSI or Social Security benefits. We will obtain an application from you several months before your anticipated release. That way, we can begin processing your application and your benefits can start as soon as possible after your release.

If you are filing for benefits based on disability, we will gather medical evidence from your doctors to help us decide whether you are disabled under our rules.

Family members or a social worker can help you by contacting Social Security to let us know of your upcoming release. A family member also may be willing to serve as your representative payee if your medical condition prevents you from handling your own finances.

**If there is no prerelease agreement,** when you know your anticipated release date, contact Social Security to apply for benefits if you think you may be eligible. You can call us toll-free at 1-800-772-1213 and tell the representative that you are scheduled to be released from a correctional facility and want to ask about receiving benefits. Please have your Social Security number handy when you contact us. We will set up an appointment with your local Social Security office to take your application after you are released.

## Restoring SSI and SSDI Benefits After Being Released from Prison

<http://www.ssdanswers.com/2010/03/05/ssi-and-ssdi-during-and-after-incarceration/>

Although an individual may lose his/her benefits during the time of incarceration, benefits can be restored as soon as the individual is released from prison. The procedures for having disability payments reinstated differ slightly according to the type of benefit that an individual was receiving prior to his/her confinement.

### Restoring SSI

Depending on the length that an individual expects to be confined, he/she may be able to begin a "pre-release procedure" while still incarcerated. This is completed through a "Pre-Release Agreement" between the jail and the SSA and applies to inmates that have been or expect to be incarcerated for a period of less than one year. Although felony sentences by law carry a prison sentence of more than one year, it is possible that a defendant could be given credit for any time he/she has already served while awaiting trial and/or disposition in their case. An example of a hypothetical situation is as follows:

"John," a SSI recipient of five years, is convicted on felony theft, which in the state of Georgia is theft of property in excess of \$500.00 and is punishable by a possible term of imprisonment of 1-10 years. John was unable to afford bond and as a result spent six months in jail awaiting trial and/or disposition in his matter. John subsequently entered a guilty plea and was sentenced to 15 months in the state penitentiary. At his discretion, the sentencing judge gave John credit for the time he had already served, meaning that John only had nine months remaining. In this particular case, John was able to start the paperwork necessary to reinstate his benefits while incarcerated. Since John was proactive, it is likely that his benefits will start immediately following his release. If John has chosen to wait until his release to start the reinstatement of his benefits, again he would have received payment for any day that he was eligible, but the probability of his checks being delayed would have significantly increased.

Since any SSI award is based on the recipient's income, individuals presently confined need to know what his/her income will be upon release and what resources he/she will have available. In addition, the SSA will need to know what other persons, if any, will be residing with the defendant following their release. On the day a disability claimant is released from confinement, they are encouraged to go directly to their Social Security office with personal identification and proof of their release.

### Restoring SSDI

If an individual is receiving SSDI at the time of his/her incarceration, he/she will remain on the rolls during their jail or prison term, regardless of the length of their sentence. Like with SSI, SSDI payments will stop when a claimant is incarcerated and recipients will need to request reinstatement of their benefits when the time comes to be released from prison.

Although there is no pre-release procedure for SSDI as there is for SSI, jails or prisons that have Pre-Release Agreements for SSI can also use the same form to help SSDI recipients get the reinstatement process started. Those inmates unable to obtain a Pre-Release Agreement form should inquire as to whether the prison staff knows how SSDI payments can be restarted upon their release. If all else fails, incarcerated individuals should seek the assistance of their family members who can contact their local Social Security office for more information. In addition, the Social Security's website, <http://www.ssa.gov/disability/> contains a wealth of useful information.

In closing, it is against the law for any person convicted of a felony and sentenced to a term of imprisonment to continue to receive social security disability benefits during their period of incarceration. Likewise, it is illegal for someone other than the intended recipient to cash a disability check in the name of another person, specifically under the guise of the individual in prison.

### **Medicare**

Your eligibility for Medicare Part A (hospital insurance) continues uninterrupted while you are in prison. But Part B Medicare (medical insurance) will terminate if you do not pay your monthly premiums while you are in prison. To start Part B Medicare, you will need to file an application with us during a general enrollment period, which is January through March of each year. If you file during this enrollment period, your Part B eligibility will begin on July 1 of that year. If your Medicaid eligibility was terminated while you were in prison, you will need to contact your local social services office to apply for Medicaid coverage. We can provide a referral form for you to take to the social services office.

### Other Financial Resources

The American Legion provides Temporary Financial Assistance, (TFA) from its national headquarters to help maintain a stable environment for children of Veterans. To obtain an application, look in the phone book to contact a local post, or contact the National Headquarters to find the post nearest you.

Food Stamps If you are unemployed with little or no income, you may be able to get food stamps. A person may normally qualify for \$85 to \$100 worth of food stamps per month. Call the toll-free information number at 1-800-221-5689, or find a list of food stamp hotlines for each state at [www.fns.usda.gov/fsp/contact\\_info/hotlines.htm](http://www.fns.usda.gov/fsp/contact_info/hotlines.htm). You can also contact the local Department of Human Services, many drop-in shelters, or legal aid services to ask for an application.

**Federal Emergency Management Agency (FEMA)** has a program called Emergency Food and Shelter Program to help prevent homelessness. Contact the local Office of the Mayor or United Way to ask who awards this money in your area and what the rules are.

## Legal Help

Most law is state-specific. Most common legal problems are governed by the law in the state where you live or where the problem occurred. When looking for legal help, make sure that information you find applies to your state, or that the lawyer or other service provider is qualified to work in your state.

**The American Bar Association** has a web site with guidelines about free legal services and links to directories of legal aid offices and pro-bono programs. Go to: [www.abanet.org](http://www.abanet.org).

**Legal Services or Legal Aid Offices** have staff lawyers to provide free legal help to poor clients. The lawyers are usually experts in the types of problems that poor clients often have. Look in the yellow pages for a local Legal Aid Office or check online for the program, nearest you.

**Pine Tree legal Assistance** has an online list of organizations across the nation that provides free legal help to clients who qualify. Go to [www.ptla.org/links/services.htm](http://www.ptla.org/links/services.htm).

## Tennessee

[Disability Law & Advocacy Center of Tennessee](#)

[Legal Aid of East Tennessee](#)

[Legal Aid Society of Middle Tennessee and the Cumberland](#)

[Memphis Area Legal Aid Society](#)

[Tennessee Alliance for Legal Services](#)

[West Tennessee Legal Services, Inc.](#)

Lawyers in private practice sometimes volunteer in "pro-bono" programs to take cases for poor clients free of charge. Check the yellow pages to contact your **Local Bar Association** to learn if there is a pro-bono program in your community, or go to: [www.abanet.org/barserv/stlobar.html](http://www.abanet.org/barserv/stlobar.html).

**Criminal Record Repository:** This is the agency individuals may contact to obtain a copy of their state rap sheet and learn about the process of sealing, expunging or cleaning it up. Tennessee is considered a "**closed record**" state.

**Contact:**

Tennessee Bureau of Investigation  
901 R.S. Gass Blvd.  
Nashville, TN 37216 (615) 744-4000  
Web Site: [www.tbi.state.tn.us/divisions](http://www.tbi.state.tn.us/divisions)

**Contact:** Tennessee Alliance for Legal Services  
1808 West End Building, Suite 1216  
Nashville, TN 37203 (615) 627-0956 or Fax: (615) 627-0964

## **Miscellaneous Resources and Information**

AIDS/HIV Testing: Write a letter to the following and request a test:

Gary Range HIV/AIDS Representative  
Northeast TN Regional Health Office  
1233 Southwest Ave., Ext.  
Johnson City, TN 37604-6519

VA's Gulf War/Agent Orange Helpline National Toll-Free Number (800) 749-8387

US Dept of Veterans Affairs (USDVA) [www.va.gov/](http://www.va.gov/)  
Veterans Health Administration - <http://www.visn9.va.gov/>  
Social Security Administration – [www.ssa.gov/](http://www.ssa.gov/)  
National Coalition for Homeless Veterans – [www.nchv.org/index.cfm](http://www.nchv.org/index.cfm)  
Active Duty Benefits Information – [www.military.com](http://www.military.com)  
Careers – [www.taonline.com](http://www.taonline.com)  
Department of Labor – [www.dol.gov](http://www.dol.gov)  
Department of Veterans Affairs – [www.va.gov](http://www.va.gov) or  
VA Health Benefits Center (877) 222-VETS (toll-free)  
Disabled American Veterans – [www.dav.org](http://www.dav.org)  
Gulf War benefits Information – [www.gulfweb.org](http://www.gulfweb.org)  
Military Record Information – [www.vetfriends.com](http://www.vetfriends.com)  
Veterans of Foreign Wars – [www.vfw.org](http://www.vfw.org)

Gulf War/Agent Orange – [www.va.gov/gulfwar](http://www.va.gov/gulfwar) or [www.va.gov/agentorange](http://www.va.gov/agentorange)  
The Legal Action Center (212) 243-1313 or [www.lac.org](http://www.lac.org)  
The Urban Institute (202) 833-7200 or [www.urban.org](http://www.urban.org)  
The US Department of Labor (866) 4-USA-DOL or [www.dol.gov](http://www.dol.gov)  
The Federal Bonding Program (800) 233-2258 or [www.bonds4jobs.com](http://www.bonds4jobs.com)  
The Welfare to Work Partnership (888) USA-JOB1 or [www.welfaretowork.org](http://www.welfaretowork.org)  
United Way – provides a variety of services through local organizations. Check the  
Phone book for a local post or locate local organizations online at  
[www.unitedway.org](http://www.unitedway.org)

## **Support Groups:**

### **Alcoholics Anonymous (24 Hour Hotlines)**

**Bristol, TN** (423) 968-2020;

**Erwin, TN** (423) 928-0871;

**Kingsport, TN** (423) 245-1440;

**Johnson City, TN** (423) 928-0871

**National Alliance for the Mentally Ill (NAMI):** for Families & Consumers

**Sullivan County/Bristol NAMI:** Bristol Regional Medical Center (11W & I-81)  
(800) 233-0118

**Greene County: NAMI:** Church Street Pavilion, 616 Church Street, Greeneville,  
TN (423) 639-3218

**Washington County/Johnson City NAMI:** Harrison Christian Church 2517  
Browns Mill Road, (800) 233-0118 or (423) 348-8651

**Johnson County/Mountain City NAMI:** ETSU Academic Health Building (Kellogg  
Building), (423) 727-5265 or (423) 926-6788

**Narcotics Anonymous:** (800) 677-1462

Call for more information on location and meeting date & time.



### **Additional Guidebook Resource List:**

<b>Resource:</b>	<b>National/state/local</b>	<b>Telephone:</b>	<b>Websites and Notes:</b>
1. Dept. of Veterans Affairs	National-web	<b>TOLL-FREE NUMBERS:</b>	<a href="http://www.va.gov">www.va.gov</a>
2. Benefits and online Applications	National	1-800-827-1000	<a href="http://www.vba.va.gov">www.vba.va.gov</a> <a href="http://vabenefits.vba.va.gov/vonapp/main.asp">http://vabenefits.vba.va.gov/vonapp/main.asp</a>
3. Medical Centers	National	1-877-222-8387	<a href="http://www.med.va.gov">www.med.va.gov</a>
4. Persian Gulf War Helpline	National	1-800-749-8387	
5. Focus on Recovery Helpline	National	1-800-888-9383	
6. National AIDS hotline	National	1-800-822-7422	
7. National Coalition for Homeless Veterans	National	1-800-838-4357	<a href="http://www.nchv.org">www.nchv.org</a>
8. National Suicide Support Number	National	1-888-784-2433 (1-888-SUICIDE)	
<b>WHERE TO START:</b>	National	1-877-222-8387	<a href="http://www.va.gov/homeless/page.cfm?pg=21">http://www.va.gov/homeless/page.cfm?pg=21</a>
9. HCHV Coordinator			
10. Salvation Army	Kentucky and Tennessee	(502) 583-5391	<a href="http://www.salvationarmysouth.org/kt/">http://www.salvationarmysouth.org/kt/</a> Divisional Headquarters
11. United Way	National-web		<a href="http://www.unitedway.org">www.unitedway.org</a>
12. Local churches and faith-based organizations	Local Saturday newspaper for locations	Local phone book	Call City or County Department of Social Services
<b>HOUSING:</b>			
13. Homeless Veteran Service providers locally	National	1-800-VET-HELP	<a href="http://www.nchv.org">www.nchv.org</a>
14. HUD Local Homeless Assistance	National-web		<a href="http://www.hud.gov/homeless">www.hud.gov/homeless</a>
<b>FINDING AND KEEPING A JOB:</b>			
15. DVOPs/LVERS near you	State-phone book		<a href="http://www.wa.gov/esd/work/localconnections.htm">www.wa.gov/esd/work/localconnections.htm</a> Call State Government Employment Security Department
16. Homeless Veterans Reintegration Projects (HVRP)	National	1-800-562-2308	
17. VA's Vocational Rehabilitation and Employment Services - VARO	National	1-800-827-1000	<a href="http://www.vba.va.gov/bln/vre/regional_offices.htm">www.vba.va.gov/bln/vre/regional_offices.htm</a>

18. Veteran's Industries and Compensated Work Therapy Programs	National-web		<a href="http://www.va.gov">www.va.gov</a>
19. State Voc Rehab	State-web		Search Internet for Vocational Rehabilitation in your state
<b>HEALTH:</b>			
20. VA Medical Center near you	National	1-877-222-8387	<a href="http://vawww.visn9.med.va.gov">http://vawww.visn9.med.va.gov</a>
21. Department of Social and Health Services	Local-phone book		Check phone book under city, county or local government
22. National Health Care for the homeless Council	National-web		<a href="http://www.nhchc.org">www.nhchc.org</a>
23. Free Clinics			Check phone book under Public Health
<b>SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT:</b>	<b>National/state/local</b>	<b>Telephone:</b>	<b>Websites and Notes:</b>
24. Drug and Alcohol Treatment Referral Routing Service	National	1-800-662-4357	
25. National Alliance for the Mentally Ill	National	1-800-950-6264	<a href="http://www.nami.org">www.nami.org</a>
26. National Mental Health Association	National	1-800-969-NMHA	<a href="http://www.nmha.org">www.nmha.org</a>
27. Substance Abuse & Mental Health Services Admin	National	1-800-662-4357 or 1-800-789-2647	<a href="http://www.samhsa.gov/index.aspx">http://www.samhsa.gov/index.aspx</a>
<b>FINANCIAL HELP:</b>			
28. Food stamps	National	1-800-221-5689	<a href="http://www.fns.usda.gov/fsp/contact_info/hotlines.htm">www.fns.usda.gov/fsp/contact_info/hotlines.htm</a>
29. FEMA		Local phone book	Contact local Office of the Mayor or United Way
<b>LEGAL HELP:</b>			
30. Veterans Advocate Service Officer	National	1-800-562-2308	
31. American Bar Association	National-web		<a href="http://www.abanet.org">www.abanet.org</a>
32. Legal Services or Legal Aid Offices	Local-phone book	Yellow pages for Legal Aid	

33. Pine Tree Legal Assistance	Local		<a href="http://www.ptla.org/links/services.htm">www.ptla.org/links/services.htm</a>
34. Local Bar Association	Local-phone book	Yellow pages	<a href="http://www.abanet.org/barserv/stlobar.html">www.abanet.org/barserv/stlobar.html</a>
<b>WOMEN VETERANS:</b>			
35. Women in Community Service (WICS) – US DOL	National	1-800-442-9427 for Assistance	<a href="http://www.wics.org">http://www.wics.org</a>
36. Center for Women Veterans	810 Vermont Ave. NW Washington, DC 20420	1-800-827-1000	<a href="http://www1.va.gov/womenvet/">http://www1.va.gov/womenvet/</a>
<b>SEEKING FEDERAL BENEFITS:</b>			
37. AMVETS	State	Phone Book	
38. American Legion	State	1-800-433-3318	<a href="http://www.legion.org">www.legion.org</a>
39. Disabled American Veterans	State	1-877-426-2838	<a href="http://www.va.gov">www.va.gov</a>
40. Paralyzed Veterans of America	State	1-800-424-8200	
41. Vietnam Veterans of America	State	1-800-882-1316	<a href="http://www.tnvva.org/">www.tnvva.org/</a>
42. Veterans of Foreign Wars	State	1-800-VFW-1899	<a href="http://www.vfw.org">www.vfw.org</a>
43. Tennessee Department of Veteran Affairs	State		
44. Record of Discharge application	National-web		<a href="http://vetrecs.archives.gov">http://vetrecs.archives.gov</a>
45. Veterans benefits online	National-web		<a href="http://www.vba.va.gov">www.vba.va.gov</a>
<b>RESOURCE ADDRESSES &amp; Web SITES:</b>			
46. Social Security Administration	National-web		<a href="http://www.ssa.gov">www.ssa.gov</a>

## Credits and Reference List:

*Whenever possible, notations were made on the source material used in this guidebook. Because this is a revised and updated guidebook, if information had no changes to be made and was current, the information may have been taken from the below noted resources.*

The National Coalition of Homeless Veterans (NCHV)

A Guidebook for Incarcerated Veterans by Veterans Incarcerated Workgroup in Walla Walla, Washington (Washington State Guidebook)

Department of Veterans Affairs 2012 Edition Federal Benefits for Veterans and Dependents

Washington County TN Criminal Justice Resource Guide

Department of Veterans Affairs Web Sites

Smart Solutions: The Welfare to Work Partnership

National (H.I.R.E.) Network: **H**elping **I**ndividuals with criminal records **R**e-enter through **E**mployment Network.

Local Telephone Directory

## Appendix A

### VA Facilities in the State of Tennessee\*

Facility	Address	Phone
<a href="#">Tennessee Valley Healthcare System</a>	1310 24th Avenue South Nashville, TN 37212	615-327-4751
Memphis VA Medical Center	1030 Jefferson Avenue Memphis, TN 38104	901-523-8990 Or 901-523-8990
<a href="#">Mountain Home VAMC/Johnson City</a>	Corner of Lamont Street and Veterans Way Mountain Home, TN 37684 Mailing Address: P.O. Box 4000 Mountain Home, TN 37684	423-926-1171 Or 423-926-1171
Tennessee Valley Healthcare System - Alvin C. York (Murfreesboro) Campus	3400 Lebanon Pike Murfreesboro, TN 37129	615-867-6000 Or 615-867-6000
<a href="#">Tennessee Valley Healthcare System - Nashville Campus</a>	1310 24th Avenue South Nashville, TN 37212-2637	615-327-4751 Or 615-327-4751
Charlotte Avenue (Nashville, TN) OPC	1919 Charlotte Avenue Nashville, TN 37203	615-873-6503
<a href="#">Chattanooga, Tennessee CBOC</a>	150 Debra Rd Suite 5200 Bldg 6200 Chattanooga, TN 37411	423-893-6500
Cookeville, Tennessee OPC	851 S. Willow Avenue Suite 108 Cookeville, TN 38501	931-284-4060
<a href="#">McMinnville, Tennessee OPC</a>	1014 S. Chancery Street McMinnville, TN 37110	931-474-7700
Women Veterans Healthcare Center (Nashville, TN)	1919 Charlotte Avenue, Suite 300 Nashville, TN 37203	615-327-4751
<a href="#">Clarksville, Tennessee CBOC</a>	1832 Memorial Dr. Clarksville, TN 37043	931-645-3552 X 64001
Covington, Tennessee (North Memphis), CBOC	3461 Austin Peay Highway Memphis, TN 38127	901-261-4500
<a href="#">Dover (Stewart County), Tennessee CBOC</a>	1021 Spring Street Dover, TN 37058	931-232-5329
Dyersburg, Tennessee CBOC	433 East Parkview Street Dyersburg, TN 38024	731-287-7289
<a href="#">Jackson, Tennessee CBOC</a>	180 Old Hickory Blvd Jackson, TN 38305	731-661-2750
Knoxville, Tennessee CBOC	8033 Ray Mears Blvd. Knoxville, TN 37919	865-545-4592
<a href="#">Maury County CBOC</a>	833 Nashville Highway Columbia, TN 38401	931-981-6930
Meharry (Nashville General)	1818 Albion Street Nashville, TN 37208 Mailing Address: 1005 Dr. D. B. Todd Blvd Suite 114 Nashville, TN 37208	615-873-6700
<a href="#">Memphis, Tennessee (South) CBOC</a>	1056 East Raines Road Memphis, TN 38116	901-271-4900
Morristown, Tennessee CBOC	925 E. Morris Boulevard Morristown, TN 37813	423-586-9100
<a href="#">Rogersville, Tennessee CBOC</a>	401 Scenic Drive Rogersville, TN 37857	423-235-1471

<a href="#">Savannah, Tennessee CBOC</a>	765 Florence Rd Savannah, TN 38372	731-925-2300
<a href="#">Sevierville Clinic</a>	1124 Blanton Dr Sevierville, TN 37862	865-286-6950
<a href="#">Tullahoma, Tennessee CBOC</a>	225 First Street Arnold Air Force Base, TN 37389	931-454-6134
<a href="#">Chattanooga Vet Center</a>	951 Eastgate Loop Road Bldg. 5700 - Suite 300 Chattanooga, TN 37411	423-855-6570 Or 877-927-8387
<a href="#">Johnson City Vet Center</a>	2203 McKinley Road, Suite 254 Johnson City, TN 37604	423-928-8387 Or 877-927-8387
<a href="#">Knoxville Vet Center</a>	2817 E. Magnolia Ave Knoxville, TN 37914	865-633-0000 Or 877-927-8387
<a href="#">Memphis Vet Center</a>	1407 Union Ave., Suite 410 Memphis, TN 38104	901-544-0173 Or 877-927-8387
<a href="#">Nashville Vet Center</a>	1420 Donelson Pike Suite A-5 Nashville, TN 37217	615-366-1220 Or 877-927-8387
<a href="#">Veterans Benefits Administration - Southern Area Veterans Benefits Administration</a>		
<b>Facility</b>	<b>Address</b>	<b>Phone</b>
<a href="#">Nashville Regional Office</a>	110 9th Avenue South Nashville, TN 37203	800-827-1000
<a href="#">National Cemetery Administration - Atlanta Memorial Service Network National Cemetery Administration</a>		
<b>Facility</b>	<b>Address</b>	<b>Phone</b>
<a href="#">Chattanooga National Cemetery</a>	1200 Bailey Ave. Chattanooga, TN 37404	423-855-6590
<a href="#">Knoxville National Cemetery</a>	939 Tyson St. NW Knoxville, TN 37917	423-855-6590
<a href="#">Memphis National Cemetery</a>	3568 Townes Ave. Memphis, TN 38122	901-386-8311
<a href="#">Mountain Home National Cemetery</a>	P.O. Box 8, VA Medical Center Bldg. 117 Mountain Home, TN 37684	423-979-3535
<a href="#">Nashville National Cemetery</a>	1420 Gallatin Rd., S Madison, TN 37115-4619	615-860-0086

Veterans Health Administration - VISN Offices		
Facility	Address	Phone
<a href="#">VISN 9: VA Mid South Healthcare Network</a>	1801 West End Ave., Suite 600 Nashville, TN 37203	615-695-2200

\*[http://www2.va.gov/directory/guide/fac\\_list\\_by\\_state.cfm?State=TN&dnum=All&isflash=0](http://www2.va.gov/directory/guide/fac_list_by_state.cfm?State=TN&dnum=All&isflash=0)

## Abbreviations and Terms

DD214	Military Discharge Document
DOC	Department of Corrections
DOD	Department of Defense
GPD	Grant Per Diem Housing
HCRV	Healthcare for Reentry Veterans Specialist
HUD/VASH	Housing and Urban Development/VA Supportive Housing
SC	Service Connection
TNDOC	TN Department of Corrections
VA	US Department of Veterans Affairs
VAMC	Veterans Affairs Medical Center
VARO	Veterans Affairs Regional Office
VBA	Veterans Benefits Administration
VSO	Veterans Service Organization
SSI	Supplemental Security Income
SSDI	Social Security Disability Insurance
NPRC	National Personnel Records Center
Web	World Wide Web or www

## Appendix B ----- Form Listings

Form	What is it used for:
VA Form 21-0845	Authorization to Disclose Personal Informtion to a Third Party
VA Form 21-0966	Intent to File a Claim for Compensation or Pension
VA Form 21-0788	Apportionment
VA Form 21-4193	Notice to the VA of Incarceration of Beneficiary
VA Form 5655	Financial Status Report needed when requesting a payment plan for
SF 180	Order records from National Personnel Records Center (NPRC)
VA Form 10-10EZ	Application for Health Benefits



## **INFORMATION AND INSTRUCTIONS TO HELP YOU COMPLETE THE AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION TO A THIRD PARTY**

### **GENERAL INFORMATION**

At VA, we recognize and respect the importance of privacy. Personal information that we collect is kept confidential to the extent provided by law. In accordance with the Privacy Act and applicable confidentiality statutes, VA will only disclose the information in its custody or control in the following circumstances: where the individual identifies the particular information and consents to its use; where disclosure of the information is required by law; or where the disclosure is otherwise legally permitted, including release for a purpose compatible with the purpose for which it was collected.

By law, VA must have your written permission (an "authorization") to use or give out your claim or benefit information for any purpose that is not permitted by all applicable legal authorities. You may revoke your written permission at any time, except if VA has already acted based on your permission.

### **SPECIFIC INSTRUCTIONS**

#### **Questions 1 - 6**

In this section, give us your pertinent contact information to include name, address, contact numbers, and e-mail address.

#### **Question 7**

Tell us the type of information you would like VA to release to your authorized third party.

#### **Question 9**

This section tells VA the duration of your consent. If you do not want your authorization to be effective indefinitely, tell us when to stop releasing your personal benefit or claim information to your authorized third party. Check the box that applies and fill in dates, if applicable.

#### **Question 10**

VA will give your personal benefit or claim information to the person or organization you fill in here. You may only select one person or one organization. If you designate an organization, you must also identify one or more individuals in that organization to whom VA may disclose your benefit or claim information. This form cannot be used to disclose federal tax information to third parties.

#### **Question 11**

Select the security question you would like us to ask your designated third party and provide the answer. This question will be asked each time your designated third party contacts our office.

#### **Where Do I Send My Completed Form?**

You can obtain the VA mailing address to send your completed, signed authorization by accessing our Internet website at <http://www.va.gov/directory> or in the government pages of your telephone book under "United States Government, Veterans."

You should make a copy of your signed authorization for your records before mailing it to VA. You can only have one active VA Form 21-0845 on file with VA at a time.

#### **WHAT IF I CHANGE MY MIND?**

If you change your mind and do not want VA to give out your personal benefit or claim information, you may notify us in writing, or by telephone at 1-800-827-1000 or electronically via the Internet at <https://iris.va.gov>. Upon notification from you VA will no longer give out benefit or claim information (except for the information VA has already given out based on your permission).



Department of Veterans Affairs

(DO NOT WRITE IN THIS SPACE)  
(VA DATE STAMP)

## AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION TO A THIRD PARTY

**INSTRUCTIONS:** Use this form if you want to give the Department of Veterans Affairs permission to release your personal beneficiary or claim information to a third party. This form may not be executed by any beneficiary recognized as incompetent for VA purposes, nor can VA accept this form from any beneficiary recognized as incompetent for VA purposes.

1. FIRST, MIDDLE, LAST NAME OF VETERAN ( <i>Print clearly</i> )	2. FIRST, MIDDLE, LAST NAME OF BENEFICIARY/CLAIMANT WHO IS NOT THE VETERAN ( <i>Print clearly</i> )
---	---

3. ADDRESS OF BENEFICIARY/CLAIMANT ( <i>No. and Street or rural route, City or P.O., State and ZIP Code</i> )
---

4. VA FILE NUMBER	5. SOCIAL SECURITY NUMBER
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6. CONTACT INFORMATION		
A. DAYTIME PHONE NUMBER	B. CELL PHONE NUMBER	C. E - MAIL ADDRESS ( <i>If applicable</i> )

7. I (beneficiary/claimant) authorize the Department of Veterans Affairs (VA) to contact the person or organization listed below for the purposes of providing the following information pertaining to my VA record. ( <i>Check only one box below to tell VA the specific benefit or claim information you want disclosed.</i> )	
<input type="checkbox"/> Any Information (Go to Item 9)	<input type="checkbox"/> Limited Information (Go to Item 8)

8. IF YOU SELECTED "LIMITED INFORMATION", CHECK ALL THAT APPLY	
<input type="checkbox"/> Status of pending claim or appeal	<input type="checkbox"/> Amount of money owed VA
<input type="checkbox"/> Current benefit and rate	<input type="checkbox"/> Request a benefit payment letter
<input type="checkbox"/> Payment history	<input type="checkbox"/> Change of address or direct deposit
<input type="checkbox"/> Other _____	

9. IF YOU SELECTED "ANY INFORMATION", THE TERMS OF SUCH RELEASE OF INFORMATION WILL BE:	
<input type="checkbox"/> One time only	<input type="checkbox"/> From the date of signing below until _____
<input type="checkbox"/> Ongoing until written notice is given to VA to terminate <span style="float: right;">(Specify date - month, day, year)</span>	

10. VA IS AUTHORIZED TO DISCLOSE THE INFORMATION AS SPECIFIED ABOVE TO THE PERSON OR ORGANIZATION LISTED BELOW. NOTE: IF AUTHORIZATION IS FOR AN ORGANIZATION, PLEASE PROVIDE THE FIRST AND LAST NAME OF THE ORGANIZATION'S REPRESENTATIVE. (*Please print clearly*)

A. NAME OF PERSON OR ORGANIZATION	B. ADDRESS OF PERSON OR ORGANIZATION

11. SPECIFY THE SECURITY QUESTION YOU WANT USED WHEN VERIFYING THE IDENTITY OF YOUR DESIGNATED THIRD PARTY. CHECK ONLY ONE SECURITY QUESTION BOX IN 11A AND PROVIDE THE ANSWER IN 11B.

A. SECURITY QUESTION	B. ANSWER
<input type="checkbox"/> The city and state your mother was born in	
<input type="checkbox"/> The name of the high school you attended	
<input type="checkbox"/> Your first pet's name	
<input type="checkbox"/> Your favorite teacher's name	
<input type="checkbox"/> Your father's middle name	

12A. SIGNATURE ( <i>Do NOT print</i> )	12B. DATE SIGNED
--	------------------

**PRIVACY ACT INFORMATION:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect.

**RESPONDENT BURDEN:** We need this information to release your private benefit and/or claim information to a designated third party(ies). The execution of this form does not authorize the release of information other than that specifically described. The information requested on this form will authorize release of the information you specify. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

<div style="display: flex; align-items: center; justify-content: center; background-color: #333; color: white; padding: 10px;"> <div> <h2 style="margin: 0;">Department of Veterans Affairs</h2> <h3 style="margin: 0;">INTENT TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION, OR SURVIVORS PENSION AND/OR DIC</h3> <p style="margin: 0;">(This Form Is Used to Notify VA of Your Intent to File for the General Benefit(s) Checked Below)</p> </div> </div> <p><b>Note:</b> Please read the Privacy Act and Respondent Burden below before completing the form.</p> <div style="border: 1px solid black; padding: 5px; text-align: center; background-color: #f2f2f2;"> <b>SECTION I: GENERAL BENEFIT ELECTION</b> </div> <p><b>IMPORTANT:</b> VA may not be able to use this form to establish an effective date for benefits if you do not select one or more of the general benefits listed below.</p> <p>I intend to file for the general benefit(s) checked below: (Choose all that apply)</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> COMPENSATION         <input type="checkbox"/> PENSION       </div> <p><b>NOTE:</b> Only check this box if you are a surviving dependent of the veteran.</p> <input type="checkbox"/> SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)	<b>VA DATE STAMP</b> (DO NOT WRITE IN THIS SPACE)
<p><b>IMPORTANT:</b> After receiving this form, VA will give you the appropriate application to file for the general benefit you select above. You can also apply for VA disability compensation online through eBenefits at <a href="http://www.ebenefits.va.gov">www.ebenefits.va.gov</a>. If you give VA a completed application for the selected general benefit within <b>one</b> year of filing this form, your completed application will be considered filed as of the date of receipt of this form. Only the <b>first</b> completed application for each selected general benefit that is received after you file this form will be considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit on this form or you may submit a separate intent to file for each general benefit. Please complete as many fields in Section II as possible. VA cannot process this form if we cannot identify the claimant and veteran.</p>	
<b>SECTION II: CLAIMANT'S IDENTIFICATION</b>	
<div style="display: flex;"> <div style="flex: 1;"> <p>1. CLAIMANT'S NAME (First, middle initial, last)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> <div style="flex: 1;"> <p>2. CLAIMANT'S SOCIAL SECURITY NUMBER</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> </div>	
<div style="display: flex;"> <div style="flex: 1;"> <p>3. VETERAN'S NAME (First, middle initial, last) (If different from claimant)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> <div style="flex: 1;"> <p>4. VETERAN'S SOCIAL SECURITY NUMBER</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> </div>	
<div style="display: flex;"> <div style="flex: 1;"> <p>5. VETERAN'S DATE OF BIRTH</p> <div style="display: flex; justify-content: space-between;"> <div>Month</div> <div>Day</div> <div>Year</div> </div> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> <div style="flex: 1;"> <p>6. VETERAN'S SEX</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> MALE           <input type="checkbox"/> FEMALE         </div> </div> <div style="flex: 1;"> <p>7. HAS THE VETERAN EVER FILED A CLAIM WITH VA?</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div> <p style="font-size: 0.8em;">(If "Yes," provide your file number in Item 8)</p> </div> <div style="flex: 1;"> <p>8. VA FILE NUMBER</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> </div>	
<p>9. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)</p> <div style="display: flex;"> <div style="flex: 2;"> <p>Number and Street or Rural Route, P.O. Box</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> <div style="flex: 1;"> <p>Apt./Unit Number</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> </div> <div style="display: flex; margin-top: 5px;"> <div style="flex: 2;"> <p>City, State, ZIP Code and Country</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> </div> </div>	
<p>10. PREFERRED TELEPHONE NUMBER (Include Area Code)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>11. PREFERRED E-MAIL ADDRESS (If applicable)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
<b>SECTION III: DECLARATION OF INTENT</b>	
<p>By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is <b>not a claim for benefits</b>; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.</p>	
<p>12A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<p>12B. DATE SIGNED (MM,DD,YYYY)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
<p>13. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print)</p> <div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div> <p><b>(NOTE:</b> This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)</p>	
<p><b>PRIVACY ACT NOTICE:</b> VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.</p> <p><b>RESPONDENT BURDEN:</b> We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <a href="http://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.</p>	

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(DO NOT WRITE IN THIS SPACE)  
(VA DATE STAMP)

## INFORMATION REGARDING APPORTIONMENT OF BENEFICIARY'S AWARD

**INSTRUCTIONS:** All or part of a veteran's disability award may be apportioned (paid) to the veteran's spouse, child, or dependent parent. A surviving spouse's award may also be apportioned for the veteran's child or children. Print all answers clearly. If an answer is "none" or "0," write that or line through the space provided. For additional space, attach a separate sheet, indicating the item number to which the answers apply. Make sure to write the veteran's name and VA claim number on any attachments to the form.

**IMPORTANT:** If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

1. FIRST, MIDDLE, LAST NAME OF VETERAN		2. VA FILE NUMBER C/CSS-	
3A. FIRST, MIDDLE, LAST NAME OF PERSON COMPLETING THIS FORM (If other than veteran)		3B. MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)	
3C. TELEPHONE NUMBER (Include Area Code)		3D. E-MAIL ADDRESS (If applicable)	
Daytime	Evening		
4A. WHO ARE YOU REQUESTING AN APPORTIONMENT FOR? (List first, middle, and last names)		4B. WHAT IS HIS/HER RELATIONSHIP TO THE VETERAN?	
5A. HOW MUCH IS THE VETERAN OR VETERAN'S SURVIVING SPOUSE CONTRIBUTING TO THE PERSON(S) FOR WHOM AN APPORTIONMENT IS BEING CLAIMED? \$		5B. HOW OFTEN ARE THE CONTRIBUTIONS MADE?	
6. IF THE SPOUSE IS CLAIMING AN APPORTIONMENT, IS HE/SHE LIVING WITH ANOTHER PERSON AND HOLDING HIMSELF/HERSELF OUT OPENLY TO THE PUBLIC AS THE SPOUSE OF THE OTHER PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide an explanation) _____		7. HAS THE VETERAN'S CHILD(REN) BEEN LEGALLY ADOPTED BY ANOTHER PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO	

### PART I - INCOME AND NET WORTH

Report all income and net worth. Report the gross amounts before you take out deductions for taxes, insurance, etc. If you do not receive income or net worth from a particular source, write "0" or "none" in the space provided. **Do not leave the space blank.** *Note:* If you are the veteran or surviving spouse, report only your income and net worth. If you are the claimant or are filing on behalf of the claimant(s), report all income and net worth for all persons for whom an apportionment is being claimed. If you are claiming an apportionment as the custodian of the veteran's child or children, report your income and net worth and the income and net worth of the child(ren).

#### MONTHLY INCOME

SOURCE	VETERAN OR SURVIVING SPOUSE	CUSTODIAN	PERSON APPORTIONMENT IS CLAIMED FOR	PERSON APPORTIONMENT IS CLAIMED FOR
1A. GROSS WAGES FROM ALL EMPLOYMENT	\$	\$	\$	\$
1B. SOCIAL SECURITY				
1C. RETIREMENT OR ANNUITIES				
1D. SUPPLEMENTAL SECURITY INCOME (SSI) / PUBLIC ASSISTANCE				
1E. OTHER INCOME (Show source)				
1F. OTHER INCOME (Show source)				

#### NET WORTH

SOURCE	VETERAN OR SURVIVING SPOUSE	CUSTODIAN	PERSON APPORTIONMENT IS CLAIMED FOR	PERSON APPORTIONMENT IS CLAIMED FOR
2A. CASH/NON-INTEREST-BEARING BANK ACCOUNTS	\$	\$	\$	\$
2B. INTEREST-BEARING BANK ACCOUNTS				
2C. IRAS, KEOGH PLANS, ETC.				
2D. STOCKS, BONDS, MUTUAL FUNDS, ETC.				
2E. REAL PROPERTY (Not your home)				
2F. ALL OTHER PROPERTY AND ASSETS				

**PART II - MONTHLY LIVING EXPENSES**

Show your monthly living expenses, including any monthly installment payments. If you do not have expenses from a particular source, write "0" or "none" in the space provided. Do not leave the space blank.

**Note:** If you are the veteran or surviving spouse, report only your expenses. If you are the claimant or are filing on behalf of the claimant(s), report expenses for all persons for whom an apportionment is being claimed. If you are claiming an apportionment as the custodian of the veteran's child or children, report your expenses and the expenses of the child(ren).

SOURCE	VETERAN OR SURVIVING SPOUSE	CUSTODIAN	PERSON APPORTIONMENT IS CLAIMED FOR	PERSON APPORTIONMENT IS CLAIMED FOR
1A. RENT OR HOUSE PAYMENT	\$	\$	\$	\$
1B. FOOD				
1C. UTILITIES (Water, gas, electricity)				
1D. TELEPHONE				
1E. CLOTHING				
1F. MEDICAL EXPENSES				
1G. SCHOOL EXPENSES				
1H. OTHER EXPENSES (Show source)				
1I. OTHER EXPENSES (Show source)				

**PART III - CERTIFICATION AND SIGNATURE**

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

1. SIGNATURE OF VETERAN OR CLAIMANT

2. DATE SIGNED

**PENALTY** - The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it is false, or fraudulent acceptance of any payment to which you are not entitled.

**PRIVACY ACT INFORMATION** - The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA 21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN** - We need this information to determine whether an apportionment of VA disability or death benefits may be made (38 U.S.C. 5307). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



## NOTICE TO DEPARTMENT OF VETERANS AFFAIRS OF VETERAN OR BENEFICIARY INCARCERATED IN PENAL INSTITUTION

1. VA FILE NUMBER (If known)

NOTE: Pursuant to Title 38, U.S.C., sections 1505, 3482, 3680 and 5313, awards of Department of Veterans Affairs benefits for veterans and beneficiaries are subject to adjustment or discontinuance while such persons are incarcerated.

<b>TO</b>	ADDRESS OF VA REGIONAL OFFICE	<b>FROM</b>	NAME AND ADDRESS OF INSTITUTION
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**PRIVACY ACT INFORMATION:** The law authorizes us to request the information we are asking you to provide on this form pursuant to Title 38, U.S.C. 1505, 3482, 3680 and 5313. The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

2. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN

3A. SERVICE NUMBER	3B. SOCIAL SECURITY NO.	3C. DATE OF BIRTH
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4. NAME OF PERSON INCARCERATED, IF OTHER THAN VETERAN	5. RELATIONSHIP TO VETERAN
---	----------------------------

6. DATE OFFENSE WAS COMMITTED	7. TYPE OF OFFENSE FOR WHICH COMMITTED	8. DATE OF COMMITMENT FOLLOWING CONVICTION
	<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	

9. LENGTH OF SENTENCE	10. SCHEDULED RELEASE DATE	11A. IS INDIVIDUAL IN A WORK RELEASE OR HALFWAY HOUSE PROGRAM?
		<input type="checkbox"/> YES <input type="checkbox"/> NO

11B. DATE ENTERED PROGRAM	12. INSTITUTIONAL TELEPHONE NUMBER (Including Area Code)
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13. REMARKS
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14. DATE SIGNED	15. NAME AND TITLE OF INSTITUTIONAL OFFICIAL	16. SIGNATURE OF INSTITUTIONAL OFFICIAL
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<b>Department of Veterans Affairs</b>		<b>FINANCIAL STATUS REPORT</b>		
1. SOCIAL SECURITY NO.		2. FILE NO.		
(Type or print all entries. If more space is needed for any item, continue under Section VII, Additional Data, Item 36 or attach separate sheet)		3. SPECIFY WHY YOU ARE COMPLETING THIS FORM (Waiver, Compromise, Payment Plan or Other)		
<b>PRIVACY ACT INFORMATION:</b> The information you furnish on this form is almost always used to determine if you are eligible for waiver of a debt, for the acceptance of a compromise offer or for a payment plan. Disclosure is voluntary. However, if the information is not furnished, your eligibility for waiver, compromise or a payment plan may be affected. The responses you submit are confidential and protected from unauthorized disclosure by 38 U.S.C. 5701. The information may be disclosed outside the Department of Veterans Affairs (VA) only when authorized by the Privacy Act of 1974, as amended. The routine uses for which VA may disclose the information can be found in VA systems of records, including 58VA21/22, Compensation, Pension, Education and Rehabilitation Records-VA, and 88VA244, Accounts Receivable Records-VA. VA systems of records and alterations to the systems are published in the <u>Federal Register</u> . Any information provided by you, including your Social Security Number, may be used in computer matching programs conducted in connection with any proceeding for the collection of an amount owed by virtue of your participation in any benefit program administered by VA.				
<b>RESPONDENT BURDEN:</b> VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-0648 for mailing information on where to send your comments.				
<b>SECTION I - PERSONAL DATA</b>				
4. FIRST-MIDDLE-LAST NAME OF PERSON		5. ADDRESS (Number and street or rural route, City or P.O. Box, State, and ZIP Code)		
6. TELEPHONE NO. (Include Area Code)	7. DATE OF BIRTH (MM-DD-YYYY)	8. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> NOT MARRIED		
9. NAME OF SPOUSE		10. AGE(S) OF OTHER DEPENDENTS		
<b>COMPLETE RECORD OF EMPLOYMENT FOR YOURSELF AND SPOUSE DURING PAST 2 YEARS</b>				
KIND OF JOB	DATES (MM-YYYY)		NAME AND ADDRESS OF EMPLOYER	
	FROM	TO		
11. YOUR EMPLOYMENT EXPERIENCE				
		PRESENT TIME		
12. YOUR SPOUSE'S EMPLOYMENT				
		PRESENT TIME		
<b>SECTION II - INCOME</b>		<b>SECTION III - EXPENSES</b>		
AVERAGE MONTHLY INCOME	SELF	SPOUSE	AVERAGE MONTHLY EXPENSES	AMOUNT
13. MONTHLY GROSS SALARY (Before payroll deductions)	\$	\$	18. RENT OR MORTGAGE PAYMENT	\$
14. PAYROLL DEDUCTIONS			19. FOOD	
A. FEDERAL, STATE AND LOCAL INCOME TAXES			20. UTILITIES AND HEAT	
B. RETIREMENT			21. OTHER LIVING EXPENSES	
C. SOCIAL SECURITY				
D. OTHER (Specify)				
E. TOTAL DEDUCTIONS (Items 14A through 14D)				
15. NET TAKE HOME PAY (Subtract Item 14E from Item 13)				
16. VA BENEFITS, SOCIAL SECURITY, OR OTHER INCOME (Specify source)			22. MONTHLY PAYMENTS ON INSTALLMENT CONTRACTS AND OTHER DEBTS (Include amount from Section VI, Line 34I - Column E.)	
17. TOTAL MONTHLY NET INCOME (Item 15 plus Item 16)	\$	\$	23. TOTAL MONTHLY EXPENSES	\$
<b>SECTION IV - DISCRETIONARY INCOME</b>				
24A. NET MONTHLY INCOME LESS EXPENSES (Item 17 less Item 23)			24B. AMOUNT YOU CAN PAY ON A MONTHLY BASIS TOWARD YOUR DEBT	
\$			\$	

### SECTION V - ASSETS

25. CASH IN BANK (Checking and savings accounts, building and loan accounts, etc.)			\$	29. U.S. SAVINGS BONDS (Current Value)			\$
26. CASH ON HAND				30. STOCKS AND OTHER BONDS (Current Value)			
27. AUTOMOBILES (Resale value)				31. REAL ESTATE OWNED (Resale value)			
MAKE	YEAR	MODEL		32. OTHER ASSETS (Specify below)			
28. TRAILERS, BOATS, CAMPERS (Resale value)			\$	33. TOTAL ASSETS			\$

### SECTION VI - INSTALLMENT CONTRACTS AND OTHER DEBTS

**NOTE:** Show below ALL debts which you are required to pay in regular monthly installments, such as a car, television, washing machine, payments to dealers, banks, finance companies, repayment of money borrowed for any purpose, doctor bills, hospital bills, etc. **DO NOT INCLUDE LIVING EXPENSES.**

NAME AND ADDRESS OF CREDITOR (A)	DATE AND PURPOSE OF DEBT (B)	ORIGINAL AMOUNT OF DEBT (C)	UNPAID BALANCE (D)	AMOUNT DUE MONTHLY (E)	AMOUNT PAST DUE (If any) (F)
34A.		\$	\$	\$	\$
34B.					
34C.					
34D.					
34E.					
34F.					
34G.					
34H.					
34I. TOTAL		\$	\$	\$	\$

**NOTE:** If repayment of a debt is not on a monthly basis, write "0" in column E and describe arrangements to repay in Item 36.

### SECTION VII - ADDITIONAL DATA

35A. HAVE YOU EVER BEEN ADJUDICATED BANKRUPT? IF SO AND VA OR A MORTGAGE COMPANY WAS INVOLVED, PLEASE SEND ALL PERTINENT DOCUMENTATION <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 35B through 35D)		
35B. DATE DISCHARGED FROM BANKRUPTCY (MM-DD-YYYY)	35C. LOCATION OF COURT	35D. DOCKET NO. (If known)
36. USE THIS SPACE AND ADDITIONAL SHEETS, IF NECESSARY, TO SUPPLY ANY PERTINENT INFORMATION AND TO CONTINUE YOUR ANSWER TO PREVIOUS ITEM NUMBER(S) TO WHICH YOUR COMMENTS APPLY		

### SECTION VIII - APPLICANT CERTIFICATIONS - REQUIRED

37A. YOUR SIGNATURE (Required)	37B. DATE SIGNED	38A. SIGNATURE OF SPOUSE (Required)	38B. DATE SIGNED
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**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

## REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>  
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

### SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE				<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE				<input type="checkbox"/>	<input type="checkbox"/>	
c. STATE NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	
<div style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>						

### 1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- ☐ **DD Form 214 or equivalent.** Year(s) in which form(s) issued to veteran: \_\_\_\_\_  
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.  
**An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box:** ☐ I want a **DELETED** copy.
- ☐ **Medical Records** Includes Service Treatment Records, Health (outpatient) and Dental Records. **IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:** \_\_\_\_\_
- ☐ **Other** (Specify): \_\_\_\_\_

**2. PURPOSE:** (Providing information about the purpose of the request is **strictly voluntary**; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here: \_\_\_\_\_

### SECTION III - RETURN ADDRESS AND SIGNATURE

#### 1. REQUESTER NAME: **Veteran named above**

2. ☐ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.
- ☐ I am the DECEASED VETERAN'S NEXT-OF-KIN (**MUST submit Proof of Death. See item 2a on instruction sheet.**)

(Relationship to deceased veteran)

- ☐ I am the VETERAN'S LEGAL GUARDIAN (**MUST submit copy of Court Appointment**) or AUTHORIZED REPRESENTATIVE (**MUST submit copy of Authorization Letter or Power of Attorney**)
- ☐ OTHER

(Specify type of Other)

#### 3. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

Name

Street

Apt.

City

State

Zip Code

**4. AUTHORIZATION SIGNATURE: I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)**

Signature Required - Do not print

Date

Daytime phone

Fax Number

Email address

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER		
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharge , deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 - 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
	Active, Reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

**ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form**

1	Air Force Personnel Center HQAFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center ATTN: Release of Information P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTSC) 18420 E. Silver Creek Avenue Building 390 MS 68 Buckley AFB, CO 80011	7*	US Army Human Resources Command's web page: <a href="https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents">https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents</a> or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) M57200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 <a href="mailto:MR_CustomerService@uscg.mil">MR_CustomerService@uscg.mil</a>	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030	9	AMEDD Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002  eVetRecs: <a href="http://www.archives.gov/veterans/military-service-records/">http://www.archives.gov/veterans/military-service-records/</a>
5	Marine Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3120	7*	ATTN: HRC-PDR-R 1600 Spearhead Div Ave Dept. #420 Fort Knox, KY 40122-5400

<b>Department of Veterans Affairs</b>		<h2 style="margin: 0;">APPLICATION FOR HEALTH BENEFITS</h2>			
<b>SECTION I - GENERAL INFORMATION</b>					
<b>Federal law provides criminal penalties, including a fine and/or imprisonment for up to 5 years, for concealing a material fact or making a materially false statement. (See 18 U.S.C. 1001)</b>					
1. VETERAN'S NAME <i>(Last, First, Middle Name)</i>			2. MOTHER'S MAIDEN NAME		3. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. ARE YOU SPANISH, HISPANIC, OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO		5. WHAT IS YOUR RACE? <i>(You may check more than one. Information is required for statistical purposes only.)</i> <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE AMERICAN OR OTHER PACIFIC ISLANDER			
6. SOCIAL SECURITY NUMBER		7. DATE OF BIRTH <i>(mm/dd/yyyy)</i>		7A. PLACE OF BIRTH <i>(City and State)</i>	
8. PERMANENT ADDRESS <i>(Street)</i>			8A. CITY		8B. STATE
					8C. ZIP CODE
8D. COUNTY		8E. HOME TELEPHONE NUMBER <i>(Include area code)</i>		8F. MOBILE TELEPHONE NUMBER <i>(Include area code)</i>	
8G. E-MAIL ADDRESS		9. CURRENT MARTIAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			
10. I AM ENROLLING TO OBTAIN MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		11. WHICH VA MEDICAL CENTER OR OUTPATIENT CLINIC DO YOU PREFER? <i>(for listing of facilities visit <a href="http://www.va.gov/directory">www.va.gov/directory</a>)</i>		12. WOULD YOU LIKE FOR VA TO CONTACT YOU TO SCHEDULE YOUR FIRST APPOINTMENT?  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>SECTION II - MILITARY SERVICE INFORMATION</b>					
1. LAST BRANCH OF SERVICE		1A. LAST ENTRY DATE		1B. LAST DISCHARGE DATE	
				1C. DISCHARGE TYPE	
2. MILITARY HISTORY <i>(Check yes or no)</i>		YES	NO		
A. ARE YOU A PURPLE HEART AWARD RECIPIENT?		<input type="checkbox"/>	<input type="checkbox"/>	E. DID YOU SERVE IN SW ASIA DURING THE GULF WAR BETWEEN AUGUST 2, 1990 AND NOVEMBER 11, 1998?	<input type="checkbox"/>
B. ARE YOU A FORMER PRISONER OF WAR?		<input type="checkbox"/>	<input type="checkbox"/>	F. DID YOU SERVE IN VIETNAM BETWEEN JANUARY 9, 1962 AND MAY 7, 1975?	<input type="checkbox"/>
C. DID YOU SERVE IN A COMBAT THEATER OF OPERATIONS AFTER 11/11/1998?		<input type="checkbox"/>	<input type="checkbox"/>	G. WERE YOU EXPOSED TO RADIATION WHILE IN THE MILITARY?	<input type="checkbox"/>
D. WERE YOU DISCHARGED OR RETIRED FROM MILITARY FOR A DISABILITY INCURRED IN THE LINE OF DUTY?		<input type="checkbox"/>	<input type="checkbox"/>	H. DID YOU RECEIVE NOSE AND THROAT RADIUM TREATMENTS WHILE IN THE MILITARY?	<input type="checkbox"/>
				I. DID YOU SERVE ON ACTIVE DUTY AT LEAST 30 DAYS AT CAMP LEJEUNE FROM JANUARY 1, 1957 THROUGH DECEMBER 31, 1987?	<input type="checkbox"/>
<b>SECTION III - INSURANCE INFORMATION <i>(Use a separate sheet for additional information)</i></b>					
1. ENTER YOUR HEALTH INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER <i>(include coverage through spouse or other person)</i>					
2. NAME OF POLICY HOLDER	3. POLICY NUMBER	4. GROUP CODE	5. ARE YOU ELIGIBLE FOR MEDICAID? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART A? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				6A. EFFECTIVE DATE <i>(mm/dd/yyyy)</i>	

<b>APPLICATION FOR HEALTH BENEFITS, Continued</b>		VETERAN'S NAME <i>(Last, First, Middle)</i>		SOCIAL SECURITY NUMBER
<b>SECTION IV - DEPENDENT INFORMATION <i>(Use a separate sheet for additional dependents)</i></b>				
1. SPOUSE'S NAME <i>(Last, First, Middle Name)</i>		2. CHILD'S NAME <i>(Last, First, Middle Name)</i>		
1A. SPOUSE'S SOCIAL SECURITY NUMBER	2A. CHILD'S DATE OF BIRTH <i>(mm/dd/yyyy)</i>	2B. CHILD'S SOCIAL SECURITY NUMBER		
1B. SPOUSE'S DATE OF BIRTH <i>(mm/dd/yyyy)</i>	2C. DATE CHILD BECAME YOUR DEPENDENT <i>(mm/dd/yyyy)</i>			
1C. DATE OF MARRIAGE <i>(mm/dd/yyyy)</i>	2D. CHILD'S RELATIONSHIP TO YOU <i>(Check one)</i> <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEPSON <input type="checkbox"/> STEPDAUGHTER			
1D. SPOUSE'S ADDRESS AND TELEPHONE NUMBER <i>(Street, City, State, ZIP - if different from Veteran's)</i>	2E. WAS CHILD PERMANENTLY AND TOTALLY DISABLED BEFORE THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	2F. IF CHILD IS BETWEEN 18 AND 23 YEARS OF AGE, DID CHILD ATTEND SCHOOL LAST CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. IF YOUR SPOUSE OR DEPENDENT CHILD DID NOT LIVE WITH YOU LAST YEAR, DID YOU PROVIDE SUPPORT?  <input type="checkbox"/> YES <input type="checkbox"/> NO		2G. EXPENSES PAID BY YOUR DEPENDENT CHILD FOR COLLEGE, VOCATIONAL REHABILITATION OR TRAINING <i>(e.g., tuition, books, materials)</i>		
<b>SECTION V - PREVIOUS CALENDAR YEAR GROSS ANNUAL INCOME OF VETERAN, SPOUSE AND DEPENDENT CHILDREN <i>(Use a separate sheet for additional dependents)</i></b>				
	<b>VETERAN</b>	<b>SPOUSE</b>	<b>CHILD 1</b>	
1. GROSS ANNUAL INCOME FROM EMPLOYMENT <i>(wages, bonuses, tips, etc.)</i> EXCLUDING INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS	\$ _____	\$ _____	\$ _____	
2. NET INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS	\$ _____	\$ _____	\$ _____	
3. LIST OTHER INCOME AMOUNTS <i>(e.g., Social Security, compensation, pension interest, dividends)</i> EXCLUDING WELFARE.	\$ _____	\$ _____	\$ _____	
<b>SECTION VI - PREVIOUS CALENDAR YEAR DEDUCTIBLE EXPENSES</b>				
1. TOTAL NON-REIMBURSED MEDICAL EXPENSES PAID BY YOU OR YOUR SPOUSE <i>(e.g., payments for doctors, dentists, medications, Medicare, health insurance, hospital and nursing home)</i> VA will calculate a deductible and the net medical expenses you may claim.			\$ _____	
2. AMOUNT YOU PAID LAST CALENDAR YEAR FOR FUNERAL AND BURIAL EXPENSES (INCLUDING PREPAID BURIAL EXPENSES) FOR YOUR DECEASED SPOUSE OR DEPENDENT CHILD <i>(Also enter spouse or child's information in Section VI.)</i>			\$ _____	
3. AMOUNT YOU PAID LAST CALENDAR YEAR FOR YOUR COLLEGE OR VOCATIONAL EDUCATIONAL EXPENSES <i>(e.g., tuition, books, fees, materials)</i> DO NOT LIST YOUR DEPENDENTS' EDUCATIONAL EXPENSES.			\$ _____	
<b>SECTION VII - PREVIOUS CALENDAR YEAR NETWORTH <i>(Use a separate sheet for additional dependents)</i></b>				
	<b>VETERAN</b>	<b>SPOUSE</b>	<b>CHILD 1</b>	
1. CASH AMOUNT IN BANK ACCOUNTS <i>(e.g., checking, savings accounts, certificates of deposit, individual retirement accounts, stocks and bonds)</i>	\$ _____	\$ _____	\$ _____	
2. MARKET VALUE OF LAND AND BUILDINGS MINUS MORTGAGES AND LIENS. <i>(e.g., second home and non-incoming producing property. Do not count your primary home.)</i>	\$ _____	\$ _____	\$ _____	
3. VALUE OF OTHER PROPERTY OR ASSETS <i>(e.g., art, rare coins, collectables)</i> MINUS THE AMOUNT YOU OWE ON THESE ITEMS. INCLUDE VALUE OF FARM, RANCH OR BUSINESS ASSETS. <i>Exclude household effects and family vehicles.</i>	\$ _____	\$ _____	\$ _____	
<b>SECTION VIII - CONSENT TO COPAYS AND TO RECEIVE COMMUNICATIONS</b>				
By submitting this application you are agreeing to pay the applicable VA copays for treatment or services of your NSC conditions as required by law. You also agree to receive communications from VA to your supplied email or mobile number.				
<b>ASSIGNMENT OF BENEFITS</b>				
I understand that pursuant to 38 U.S.C. Section 1729 and 42 U.S.C. 2651, the Department of Veterans Affairs (VA) is authorized to recover or collect from my health plan (HP) or any other legally responsible third party for the reasonable charges of nonservice-connected VA medical care or services furnished or provided to me. I hereby authorize payment directly to VA from any HP under which I am covered (including coverage provided under my spouse's HP) that is responsible for payment of the charges for my medical care, including benefits otherwise payable to me or my spouse. Furthermore, I hereby assign to the VA any claim I may have against any person or entity who is or may be legally responsible for the payment of the cost of medical services provided to me by the VA. I understand that this assignment shall not limit or prejudice my right to recover for my own benefit any amount in excess of the cost of medical services provided to me by the VA or any other amount to which I may be entitled. I hereby appoint the Attorney General of the United States and the Secretary of Veterans' Affairs and their designees as my Attorneys-in-fact to take all necessary and appropriate actions in order to recover and receive all or part of the amount herein assigned. I hereby authorize the VA to disclose, to my attorney and to any third party or administrative agency who may be responsible for payment of the cost of medical services provided to me, information from my medical records as necessary to verify my claim. Further, I hereby authorize any such third party or administrative agency to disclose to the VA any information regarding my claim.				
ALL APPLICANTS MUST SIGN AND DATE THIS FORM. REFER TO INSTRUCTIONS WHICH DEFINE WHO CAN SIGN ON BEHALF OF THE VETERAN.				
SIGNATURE OF APPLICANT _____		DATE _____		

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